Visiting User’s Evaluation of STScI

We would appreciate an estimation of the success of your visit and any constructive suggestions for improving our service to the user community. Please feel free to attach additional sheets.

Name: ___________________________ Proposal ID#: ___________________________ Date: __________

* Reason for visit (please check)

☐ Program Preparation (SPD/OED)
☐ Real Time Observation (Observation Support System, DPAS, opusops@stsci.edu)
☐ Data Analysis (Instruments Division – INS)
☐ Other (Please specify)

How successful was your visit, in relation to:

Program Preparation ____________________________________________________________
Data Analysis/software/hardware? ________________________________________________
Other ________________________________

* If the purpose of your visit was data analysis, please answer the following questions:

Software: Did the software (IRAF/STSDAS) work properly? ________________________
Hardware: Was the hardware (workstations and environs) adequate for your needs? __________
If applicable, were you able to access the appropriate archival data? ________________
Were you able to understand HST data file formats, file extensions, and calibration routines? ________________
Did you accomplish basic data reduction? _______________________________________
Did you have any special reduction/analysis problems or concerns? If so, were they addressed to your satisfaction? ________________

* General remarks and comments (please feel free to include names of STScI employees.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

* Ways we can serve you better in the future:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Were you able to accomplish your set goals for your visit? (1=all, 4=none)
What is your overall assessment of the service you received during your visit? (1=excellent, 4 = poor) ________________

Please either: take this form to Dixie Shipley (N408A) or Ana Maria Valenzuela (N408B); FAX to INS at (410) 338-5090; mail to Instruments Division, Space Telescope Science Institute, 3700 San Martin Drive, Baltimore, MD 21218; or send comments by E-MAIL to help@stsci.edu.