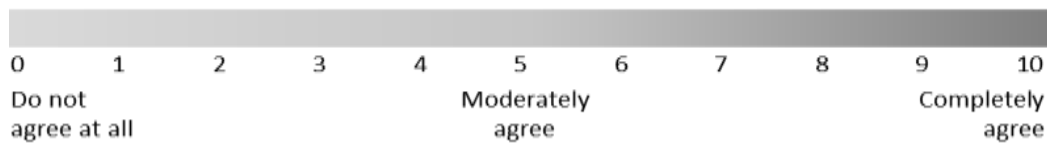


U.S. Institute for Environmental Conflict Resolution Training Services Participant Questionnaire [Course Name]

The U.S. Institute for Environmental Conflict Resolution (U.S. Institute) evaluates all of its services. As a part of this evaluation we ask the participants who have been involved in an Institute training/workshop to provide us with information about their experience. The data compiled will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is just over 5.5 minutes. This estimate includes time for reviewing the instructions and completing the questionnaire. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Institute. Please note your responses to this questionnaire are confidential and the identity of individual respondents is not recorded.

1. What were the primary training/workshop objectives?

Rating Scale



2. Using the scale above, please rate your agreement with the following statements:

Rating

	a. The primary training/workshop objectives were achieved.
	b. This training/workshop addressed an important skill/topic that I face in doing my job or is important for my future work.
	c. This training/workshop held my attention throughout the course.
	d. The training/workshop included quality opportunities to practice new skills/concepts.
	e. This training/workshop was an important opportunity for the exchange of experience and information.
	f. What I take away from this training/workshop will have a <u>positive impact on my effectiveness in the future.</u>
	g. I would recommend this training/workshop to others.
	h. The facilities were suitable for the training/workshop activities.

5. Do you anticipate using the skills and knowledge covered during this course? Please check the most appropriate box and elaborate in the space provided.

<input type="checkbox"/> Yes	<i>Please elaborate and <u>identify the positive changes/impacts</u> that you anticipate:</i>
<input type="checkbox"/> Possibly	<i>Please elaborate and <u>identify any positive changes/impacts</u> that you anticipate:</i>
<input type="checkbox"/> No	<i>Please tell us why not:</i>

6. Using the space below describe anything that stood out to you that added to or detracted from the effectiveness of the trainer(s)/facilitator(s).

7. Please tell us how this workshop/training could have been more effective?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT THE U.S. INSTITUTE AT (520) 901-8532.