

Facilitation Practitioner Questionnaire

The U.S. Institute for Environmental Conflict Resolution evaluates all of its projects and cases. You have served as a mediator or facilitator in one of these projects/cases, and the Institute requests your assistance with this evaluation. Your responses will be part of the Institute's ongoing evaluation effort, and the data compiled will provide much-needed information that will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is 30 minutes. This estimate includes time for reviewing the instructions, gathering the data needed, completing, and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute. The Office of Management and Budget (OMB) number that is displayed on the cover is currently valid and authorizes this collection of information.

1. What was the application of the collaborative process in this case or project?

OUT OF THE FOLLOWING LIST, PLEASE CHECK THE MOST APPROPRIATE BOX.

Check <u>only</u> one	
<input type="checkbox"/>	a. Policy development
<input type="checkbox"/>	b. Planning
<input type="checkbox"/>	c. Siting and construction
<input type="checkbox"/>	d. Rulemaking
<input type="checkbox"/>	e. License and permit issuance
<input type="checkbox"/>	f. Compliance and enforcement action
<input type="checkbox"/>	g. Implementation/monitoring agreements
<input type="checkbox"/>	h. Other (please specify): _____

2. Please identify the geographic location(s) for this case: (Check all that apply)

<input type="checkbox"/> AL	<input type="checkbox"/> DE	<input type="checkbox"/> IN	<input type="checkbox"/> MA	<input type="checkbox"/> NE	<input type="checkbox"/> NC	<input type="checkbox"/> RI	<input type="checkbox"/> VT
<input type="checkbox"/> AK	<input type="checkbox"/> DC	<input type="checkbox"/> IA	<input type="checkbox"/> MI	<input type="checkbox"/> NV	<input type="checkbox"/> ND	<input type="checkbox"/> SC	<input type="checkbox"/> VA
<input type="checkbox"/> AZ	<input type="checkbox"/> FL	<input type="checkbox"/> KS	<input type="checkbox"/> MN	<input type="checkbox"/> NH	<input type="checkbox"/> OH	<input type="checkbox"/> SD	<input type="checkbox"/> WA
<input type="checkbox"/> AR	<input type="checkbox"/> GA	<input type="checkbox"/> KY	<input type="checkbox"/> MS	<input type="checkbox"/> NJ	<input type="checkbox"/> OK	<input type="checkbox"/> TN	<input type="checkbox"/> WV
<input type="checkbox"/> CA	<input type="checkbox"/> HI	<input type="checkbox"/> LA	<input type="checkbox"/> MO	<input type="checkbox"/> NM	<input type="checkbox"/> OR	<input type="checkbox"/> TX	<input type="checkbox"/> WI
<input type="checkbox"/> CO	<input type="checkbox"/> ID	<input type="checkbox"/> ME	<input type="checkbox"/> MT	<input type="checkbox"/> NY	<input type="checkbox"/> PA	<input type="checkbox"/> UT	<input type="checkbox"/> WY
<input type="checkbox"/> CT	<input type="checkbox"/> IL	<input type="checkbox"/> MD	<input type="checkbox"/> Regional	<input type="checkbox"/> National		<input type="checkbox"/> International	

3. Please identify the central issues to this collaborative process: (Check all that apply)

<input type="checkbox"/> Agriculture
<input type="checkbox"/> Air Quality
<input type="checkbox"/> Archeology or Historic Preservation
<input type="checkbox"/> Coastal Zone or Marine Management
<input type="checkbox"/> Ecosystem Management
<input type="checkbox"/> Endangered Species and/or Critical Habitat
<input type="checkbox"/> Energy
<input type="checkbox"/> Forest and Timber Management
<input type="checkbox"/> Land Use and Urban Development
<input type="checkbox"/> Mining
<input type="checkbox"/> Native American, Alaska Native, Native Hawaiian Issues
<input type="checkbox"/> Parks and Refuges
<input type="checkbox"/> Recreational Use and Access
<input type="checkbox"/> Solid or Hazardous Waste
<input type="checkbox"/> Transportation
<input type="checkbox"/> Watershed/River Basin Management
<input type="checkbox"/> Water Quality
<input type="checkbox"/> Water Supply
<input type="checkbox"/> Wildlife Management

4. How many sessions (including conference calls and meetings) were held in conjunction with this particular process?

_____	Number of sessions
-------	--------------------

5. Estimate the number of hours you and the other mediators/facilitators devoted to this case/project:

_____	Total hours
-------	-------------

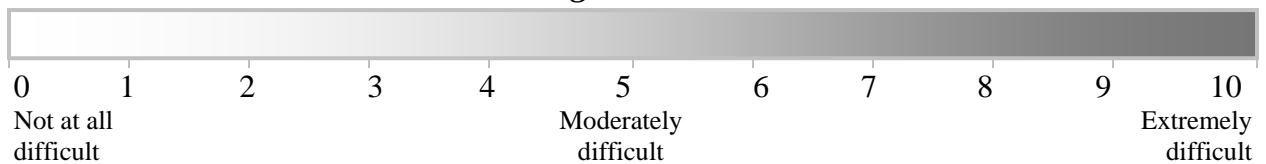
6. What was the total value of the contract for all mediator/facilitator services devoted to this case/project?

\$_____	Total contract value
---------	----------------------

7. What was the total number of months or years in which you were actively working on this case/project:

0 - 6 months	7 - 12 months	1 - 2 years	3 - 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale



8. Using the scale above, please rate the following:

Rating	
_____	a. The difficulty of <u>developing and implementing an effective collaborative process</u> for this case or project compared to similar cases with which you are familiar or have been involved.

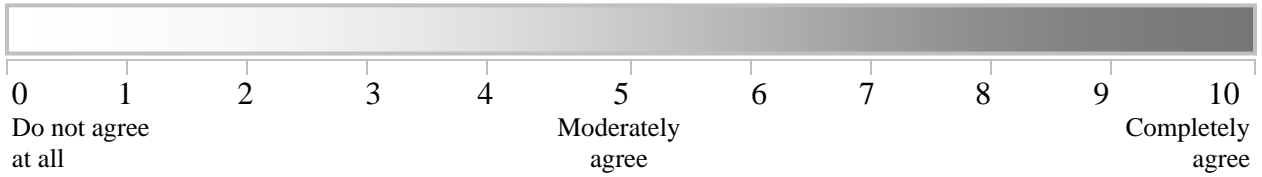
9. Please characterize the participants by doing the following:

Please indicate THE NUMBER of participants that were included in the process within each of the given categories (e.g., if 2 separate participants represented the state, place a '2' in the box for 'State Government').

	Number of participants included in the process
a. Federal Government	_____
b. State Government	_____
c. Local/Regional Government	_____
d. Tribal Government	_____
e. Environmental/Conservation	_____
f. Recreational	_____
g. Industrial/Resource Extraction	_____
h. Business/Commercial	_____
i. Community or Private Citizen (e.g., neighborhood association, local resident)	_____
j. Special Advocacy Interests (Please specify): _____	_____
k. Other (Please specify): _____	_____

10. What was the greatest challenge that YOU faced as the mediator/facilitator to initiating an effective collaborative process (including barriers to participants' ability to participate)?

Rating Scale

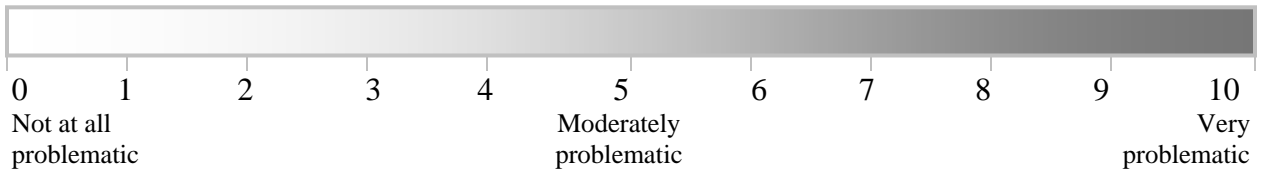


11. Using the above scale, please rate your agreement with the following statements:

IF THE QUESTION DOES NOT PERTAIN TO THE CASE/PROJECT, PLEASE CHECK N/A (“NOT APPLICABLE”).

Check if N/A	Rating	
	_____	a. On reflection, I feel I was the right mediator/facilitator to guide this process.
<input type="checkbox"/>	_____	b. If needed, resources were available to obtain the relevant expertise/information for this case or project
<input type="checkbox"/>	_____	c. Experts were used to educate participants in the collaborative process on the relevant issues
<input type="checkbox"/>	_____	d. In general, the relevant information was understood by the participants
<input type="checkbox"/>	_____	e. Participants worked to ensure agreement on the meaning of the relevant information

Rating Scale



12. Using the scale above, please rate the following:

Extent to which the following was <u>problematic</u>	
_____	a. Some participants lacked the skills required for participating effectively in the collaborative process
_____	b. Some participants lacked the time required for participating effectively in the collaborative process
_____	c. Some participants lacked the financial resources required for participating effectively in the collaborative process
_____	d. Some participants did not have access to the information required for participating effectively in the collaborative process
_____	e. Some organizations or interests that should have been included were absent from the collaborative process

13. Please indicate the extent to which progress was made:

CHECK THE MOST APPROPRIATE BOX AND PLEASE USE THE SPACE PROVIDED TO EXPAND ON YOUR ANSWER.

CHECK <u>ONLY ONE</u>		
<input type="checkbox"/>	Progress made on <u>all</u> key issues	<i>Use the space below if you would like to elaborate on your response:</i>
<input type="checkbox"/>	Progress made on <u>most</u> key issues	
<input type="checkbox"/>	Progress made on <u>some</u> key issues	
<input type="checkbox"/>	We ended the process <u>without making much progress at all</u>	

14. Reflecting on the case or project, are there any lessons that should be recorded? WE ARE PARTICULARLY INTERESTED IN KNOWING IF THERE WERE PARTICULAR EVENTS OR FACTORS THAT AFFECTED SUCCESS IN THIS CASE OR PROJECT.

15. The evaluation also asks participants for information about the case/project. Please provide the following information about the participants to help us contact them for the evaluation.

Name of Organization: _____
Affected interest/concerned interest represented: _____
Representative at the table: _____
Address: _____
Phone: _____ Email: _____

YOU LIKELY ALREADY HAVE THIS INFORMATION IN A TABLE OR SPREADSHEET, AND YOU ARE WELCOME TO ATTACH THAT INFORMATION TO THIS SURVEY OR EMAIL IT TO ORR@ECR.GOV.

MANY THANKS FOR TAKING THE TIME TO PROVIDE YOUR FEEDBACK.