OMB Number: Proposed New Collection Approval Expiry Date: xx/xx/xx

Facilitation **Participant** Evaluation

The U.S. Institute for Environmental Conflict Resolution requests your assistance in evaluating this process. As a part of this evaluation we ask the various participants who have been involved in this project to provide us with information about their experience. The data compiled will be used to improve future mediation and facilitation processes. The average estimated reporting burden for this questionnaire is 12 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. This questionnaire has an identifying number so that we can track who has responded. The Institute will not report information from this evaluation in a way that respondents or their organizations can be identified. Moreover, the identity of individual respondents will be kept confidential and will not be disclosed. The Office of Management and Budget (OMB) number that is displayed on the cover is currently valid and authorizes this collection of information.

Do not agree	Moderately	Completely
at all	agree	agree

${\bf 1.} \quad Using \ the \ scale \ above, \ please \ rate \ the \ following \ questions \ about \ the \ participants \ and \ resources?$

Rating	
	a. The participants, as a group, represented all affected concerns.
	b. The participants continued to be engaged so long as their involvement was necessary.
	c. The participants had sufficient authority to make commitments on behalf of their organizations.
	d. I had the resources (e.g., time, money) needed to participate effectively in the process.
	e. I had full access to relevant information I needed in order to participate effectively in this collaborative process.
	f. Relevant information was effectively integrated into the process (e.g., a project web site was used to share information, spatial analysis and decision support tools were used).

Do not agree	Moderately	Completely
at all	agree	agree

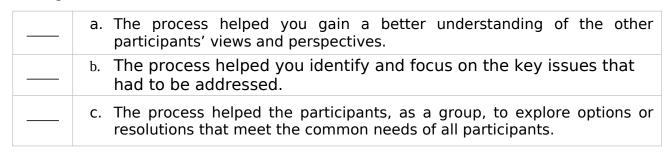
2. Using the scale above, please rate the following for each facilitator involved in this process:

Please identify each facilitator by placing their initials in the space provided, and then rate each statement for each facilitator. Please use the margins to rate additional facilitators if needed.

<u>Initials</u> of Facilitator(s)		tator(s)	
1	2	3	Facilitator Skills and Practices
	Ratings		
			a. The facilitator(s) kept us on track and helped us find ways to move forward constructively.
			b. The facilitator(s) dealt with all participants in a fair and unbiased manner, and made sure that no one dominated the process.
			c. The facilitator(s) helped us manage technical discussions efficiently.
			d. The facilitator(s) helped the participants test the practicality of the options under discussion.
			e. The facilitator(s) was helpful in documenting our work.

3. Using the scale above, please rate the following statements about the process:

Rating



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

Check <u>only</u> one

0	Progress made on <u>all</u> key issues	Use the space below if you would like to elaborate on your response:
0	Progress made on most key issues	
	Progress made on <u>some</u> key issues	
0	We ended the process without making much progress at all.	

Do not agree	Moderately	Completely
at all	agree	agree

5. USING THE SCALE ABOVE, PLEASE RATE THE EXTENT TO WHICH THE PARTICIPANTS WERE ABLE TO WORK TOGETHER COOPERATIVELY WHEN THE PROCESS BEGAN AND AS A RESULT OF THE PROCESS.

	<u>Before</u> the process began <i>Rating</i>	As a result of the process Rating
The participants were able to work together cooperatively.		

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

Rating		
	a.	I would recommend this type of process to colleagues in a similar situation.

_	our perspective, what will be the effect CHECK ALL THAT APPLY, AND BRIEFLY I	t (e.g., impacts or benefits) of the progress m DESCRIBE.
	Natural resources and environmental conditions	Briefly describe effects of the progress made
	Historic and cultural resources	
	Community and social conditions	
	Economic conditions	
	Recreational uses	

9. If you had not participated in this collaborative process, what would have been the most likely process for the issues to be addressed or resolved?

Check <u>only</u> one	
	a. Unassisted negotiation
	b. Judicial settlement conference
	c. Litigation
	d. Lobbying or working to achieve legislative action
	e. Rulemaking
	f. Arbitration
	g. Administrative proceeding (e.g., agency appeals process, agency order)
	h. Wait for a better time to take action.
	i. Don't know
	j. Other (PLEASE SPECIFY)

10. Overall, what did this collaborative process accomplish?

Check <u>all</u> that apply	
	a. A potentially costly or divisive dispute was <i>likely</i> avoided.
	b. An impasse (stalemate) was broken.
0	c. A crisis was averted.
	d. Conflict didn't escalate.
0	e. Costly or protracted litigation was avoided.
	f. Relationships among parties in this process were improved.
	g. The process resulted in timely decisions and outcomes
	h. The process led or will lead to a more informed public action/decision
	i. Nothing was accomplished.
	j. The process made the issues or dispute worse.

0	1	2	3	4	5	6	7	8	9	10
Do not agree					Moderately	,			Con	pletely
at al	9									agree

11. Using the scale above, please rate the following final questions:

Rating		
	b.	On reflection, this was the right facilitator(s) to guide this process.
	c.	I was involved in selecting the facilitator(s).

12. Which category best describes the interest or organization you represented in this process? CHECK THE MOST APPROPRIATE BOX <u>ONLY</u>.

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):

Thank you for taking the time to complete this questionnaire. Your assistance in providing this information is *very* much appreciated.