

OMB Number:

Expiration Date:

**Paperwork Reduction Act Notice:** The DOI Office of Collaborative Action and Dispute Resolution (CADR) requests your assistance in evaluating this facilitated process. As a part of this evaluation, we ask the various participants who have been involved in this project or case to provide us with information about their experience. The data compiled will be used to improve future facilitation services provided by the CADR.

CADR 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.

- 1. To what extent will or did this facilitated process contribute to achieving progress on the group's purpose over the past [number of years/months]? [0=Not at all, 10=Completely, DK] (>=5 to Q2) (<5 to Q3)**
- 2. Please elaborate on the progress made on achieving the group's purpose. (To Q4)**
- 3. Please elaborate on the challenges in making progress on achieving the group's purpose.**
- 4. Part of the purpose of this group is to inform decision making by the EPA or other stakeholders. Were any decisions made over the past [number of years/months] or are such decisions anticipated in the near future?**
  - Yes
  - No (TO 7)
- 5. Rate your level of agreement with the following statements regarding any decision(s) made or anticipated to be made by the EPA or other stakeholders.**  
[0=Not at all, 10=Completely, DK]
  - a. The extent to which you feel the decision(s) takes or will take account of your key interests.
  - b. The extent to which the decision(s) will effectively resolve the key issues considered in this process.
  - c. The extent to which you are confident the decision(s) can be implemented.

6. Do you expect to be satisfied with the decisions the facilitated discussions contributed to? [0=Not at all, 10=Completely]

7. To what extent was there change over the course of the process in the ability of participants to work together on this matter and in your level of trust in each other?

	Much improved	Somewhat improved	About the same	Somewhat worse	Much worse
Change in our ability to work together cooperatively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in our trust of each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use this space if you wish to elaborate on changes in the levels of cooperation or trust. \_\_\_\_\_

8. Did you participate in developing the approach for the facilitated process (e.g., agenda setting, meeting frequency and location, ground rules)?

One only

- I/we participated and my/our participation was appropriate
- I/we participated and my/our participation was unnecessary
- I/we participated and my/our participation was insufficient
- I/we declined to participate
- I was/we were unable to participate
- My/our participation was unnecessary
- Other (please describe)

9. Please rate your level of agreement with the following about the participants:

[0=Not at all, 10=Completely].

- a. The participants as a group included everyone who needed to be part of the discussions.
- b. The participants continued to be engaged so long as their involvement was needed.
- c. I/we had the resources (e.g., time, money) needed to participate effectively in the process.
- d. The other participants listened to me.
- e. The other participants respected the views I/we expressed.

10. Use this space if you wish to elaborate on your answers to any of these questions.

11. Please rate your level of agreement with the following about the process:

[0=Not at all, 10=Completely]

- a. The process enabled me to gain a good understanding of the issues important to the other participants.
- b. The process enabled me to gain a good understanding of why issues addressed in the process were important to other participants.
- c. The topics discussed in this process were all worthy of our consideration.

- d. The process enabled participants to be civil to each other.
- e. This was an appropriate process to achieve the group's purpose.

**12. Use this space if you wish to elaborate on your answers to any of these questions.**

**13. Please rate your level of agreement with the following about the information and issues:**

[0=Not at all, 10=Completely, NA]

- a. The information used was good enough for the discussions.
- b. I/we understood all of the technical discussions sufficiently to represent my/our interests.
- c. The process helped participants identify the key issues that needed to be considered.
- d. The participants focused primarily on the key issues once they were identified.

**14. Use this space if you wish to elaborate on your answers to any of these questions.**

**15. Please rate your level of agreement with the following about the facilitator:**

[0=Not at all, 10=Completely; N/A]

- a. When needed the facilitator helped us find ways to move forward constructively.
- b. The facilitator dealt with all participants fairly.
- c. I/we trusted the facilitator.
- d. The facilitator ensured my/our views and perspectives were considered in the process.
- e. The facilitator helped participants test the practicality of the options under discussion.
- f. The facilitator's involvement was important to achieving convergence of views among the participating interests.

**16. Use this space if you wish to elaborate on your answers to any of these questions.**

**17. Please rate your agreement with the following statement. Private communications I/we had with the facilitator that did not include all participants (e.g., a private caucus) were important for advancing the process.**

[0=Do not agree at all, 10=Agree completely, NA]

**18. Please rate your agreement with the following statements about whether you recommend a facilitated process and this facilitator to colleagues in a similar situation?**

[0=Do not agree at all, 10=Agree completely, NA]

- a. I would recommend this type of facilitated process to colleagues in a similar situation.
- b. I would recommend this facilitator to colleagues in a similar situation.

**19. Did or will the facilitated process contribute to the group's purpose in ways that would not have happened if the process did not occur?**

(CHECK ONLY ONE)

- Yes
- No (TO 22)
- Don't know (TO 22)
- Too soon to tell (TO 22)

**20. Please describe how the group's purpose was or will be enhanced by using a facilitated process.**

\_\_\_\_\_

**21. Based on your experience what is the greatest advantage and disadvantage of this facilitated process?**

Greatest advantage

Greatest disadvantage

**22. What is your top suggestion on how this facilitated process could have been improved?**

PLEASE WRITE "NONE" IF YOU FEEL THIS PROCESS COULD NOT HAVE BEEN IMPROVED.

**23. Please use the space below for any additional comments you would like to make.**

\* \* \*

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 CPRC OFFICE.

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