

## Meeting Facilitation Questionnaire

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OMB Number: 1090-0011

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**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.

**Please rate the extent to which you agree with the following statements about the meeting.**

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

1. I was able to participate effectively in this meeting.
2. The facilitator(s) managed the meeting effectively.
3. The information provided (for example, documents and presentations) was useful for the issues or the topics discussed.
4. The objectives of the meeting were expressed clearly.
5. The objectives for the meeting were fully met.
6. The meeting was worth my time to attend.
7. I had the opportunity to fully express my views.
8. This meeting was an important opportunity for me to learn about the views of others.

[Open Ended]

9. Please provide any comments you would like to make about this meeting and ways that you think similar meetings in the future could be improved.

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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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