# OMB Control Number: 2010-0042

# Approval Expiration Date: 3/31/21

**Training Evaluation Survey**

Evaluation of the Interest Based Negotiation Training (for those who are not federal employees)

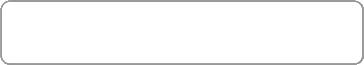
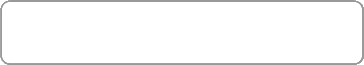
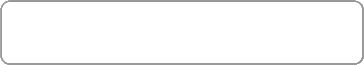
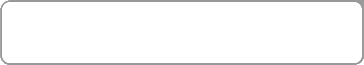
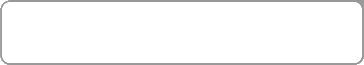
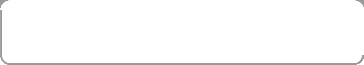
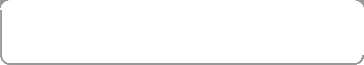
# This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2010-0042). Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to range from 3 to 32 minutes per response. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

# The Conflict Prevention and Resolution Center (CPRC) at the U.S. Environmental Protection Agency evaluates all of its services. We ask all participants in training supported by CPRC to provide information about their experience.

## Please rate your agreement with the following statements.

USING THE DROP DOWN MENU, PLEASE RATE YOUR AGREEMENT ON A SCALE OF 0-10, WHERE 0 MEANS DO NOT AGREE AT ALL AND 10 MEANS COMPLETELY AGREE

EPA Form # 5800-036



* This training addressed skills/topics important for my effectiveness or interactions with others.
* I was fully engaged throughout the session.
* The primary training/workshop objectives were achieved.
* The training included quality opportunities to practice new skills and apply concepts.
* This training was an important opportunity to exchange experiences and information.
* What I take away from this training will have a positive impact on my effectiveness in the future.
* I would recommend this training to my colleagues.
* The facilities were suitable for the training activities. [question for in-person training]
* I had no technical problems connecting to the webinar, or during the webinar. [for online training]

## What were the training objectives for this course?

**Training Evaluation Survey**

Most Important Gains

## What were the most important things you learned or accomplished at this training/workshop and why were they important to you?

*Most important things learned/accomplished:*

*Why they are important to you:*

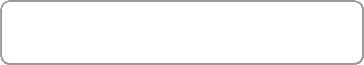
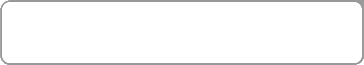
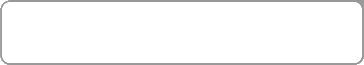
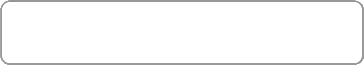
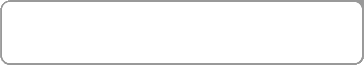
**Training Evaluation Survey**

Trainer / Facilitator

## Please rate the trainer(s)/facilitator(s) on the following.

USING THE DROP DOWN MENU, PLEASE RATE YOUR AGREEMENT ON A SCALE OF 0-10, WHERE 0 MEANS DO NOT AGREE AT ALL AND 10 MEANS COMPLETELY AGREE

Please click to view options



The trainer(s)/facilitator(s) was/were knowledgeable about the topics discussed.

The presentation/delivery of materials was effective.

The slides used in this course contributed to my understanding. (Select NA if not applicable)

The handouts were a valuable supplement to the training/workshop. (Select NA if not applicable)

There was good interaction between the trainer(s)/facilitator(s) and the participants during the training.

The responses from the trainer(s)/facilitator(s) to questions from participants contributed to my understanding of the subject.

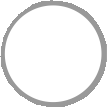


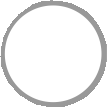
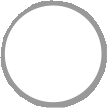
The trainer(s)/facilitator(s) encouraged everyone to participate.

**Training Evaluation Survey**

Using the Training

## Will you be able to apply the skills and knowledge covered during this training? Please check the most appropriate box and elaborate in the space provided.

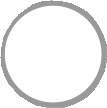
 Yes

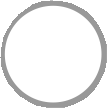
 Possibly  No

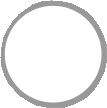
Please elaborate and identify any positive changes/impacts that you anticipate or why you don't anticipate using any of the training.

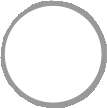
**Training Evaluation Survey**

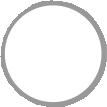
## When do you anticipate using what you have learned from the training?

 Immediately

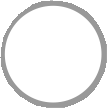
 Within the next month

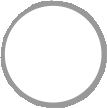
 One to three months from now

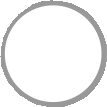
 Three to six months from now

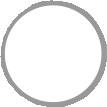
 Sometime beyond six months

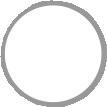
## To what extent do you have support to apply what you have learned from this training?

 Strong support

 Moderate support

 Modest support

 No or negligible support

 Not applicable

**Training Evaluation Survey**

## Please tell us two ways that you think taking this training will affect the way you do your work or interact with others?

First way training will affect your work or interactions with others.

Second way training will affect your work or interactions with others.

**Training Evaluation Survey**

Effectiveness

## 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).

Added

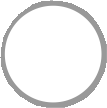
Detracted

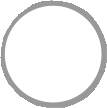
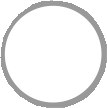
## Please tell us how this workshop/training could be more effective in the future?

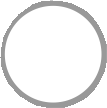
**Training Evaluation Survey**

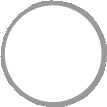
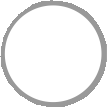
Reasons for Taking Training

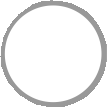
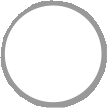
1. What was your primary reason for taking this training?

 Training was required

 Training helped me meet continuing education requirements  Thought it was directly applicable to my work

 Fit my schedule

 Asked or strongly suggested to take the training  Interest in the topic

 Recommendation from colleague(s)  Other (please specify)

**Training Evaluation Survey**

# THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.