

Training Services Participant Questionnaire

OMB Number: 3320-0006

Approval Expiry Date: 06/30/2016

The U.S. Institute for Environmental Conflict Resolution (U.S. Institute) evaluates all of its services. As a part of this evaluation we ask the participants who have been involved in an Institute training/workshop to provide us with information about their experience. Your responses will be part of the Institute's ongoing evaluation effort, and the data compiled will be used to improve our programs and services.

The average estimated reporting burden for this questionnaire is just over 5.5 minutes. This estimate includes time for reviewing the instructions and completing 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 U.S. Institute. Please note your responses to this questionnaire are confidential. The identity of individual respondents is not recorded.

Base Survey: Training Services Participant Questionnaire

1. What were the primary training/workshop objectives?

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2. Using the scale below, please rate your agreement with the following statements:

2a. The primary training/workshop objectives were achieved.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



2b. This training/workshop addressed an important skill/topic that I face in doing my job or is important for my future work.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



2c. This training/workshop held my attention throughout the course.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



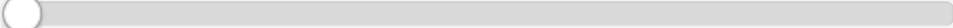
2d. The training/workshop included quality opportunities to practice new skills/concepts.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



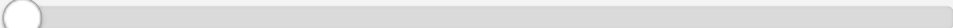
2e. This training/workshop was an important opportunity for the exchange of experience and information.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



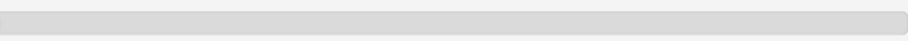
2f. What I take away from this training/workshop will have a positive impact on my effectiveness in the future.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



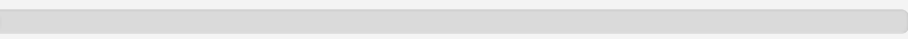
2g. I would recommend this training/workshop to others.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



2h. The facilities were suitable for the training/workshop activities.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



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3. 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:

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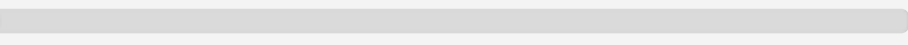
Why they are important to you:

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4. Using the rating scale below, please rate the trainer(s)/facilitator(s) on the following:

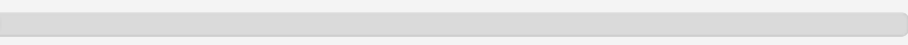
4a. The trainer(s)/facilitator(s) was familiar with the topics discussed.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



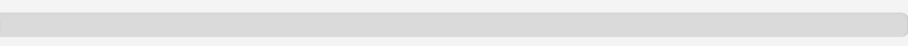
4b. The presentation/delivery of materials was effective.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



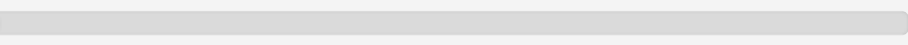
4c. The visual aids (e.g., photographs, charts, maps) used in this course contributed to my understanding.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



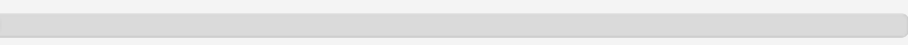
4d. The materials (e.g., student guide, handouts) were a valuable supplement to the training/workshop.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



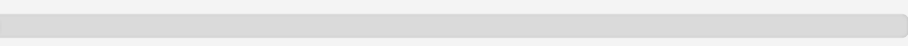
4e. There was good interaction between the trainer(s)/facilitator(s) and the participants (asking questions, providing input, keeping group on track, etc.)

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



4f. The trainer(s)/facilitator(s) encouraged everyone to participate.

0 - Do not agree at all 5 - Moderately agree 10 - Completely agree



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5. Do you anticipate using the skills and knowledge covered during this course? Please select the most appropriate box and elaborate in the space provided.

- Yes
- Possibly
- No

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5a. Please elaborate and identify the positive changes/impacts that you anticipate:

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5b. Please elaborate and identify the positive changes/impacts that you anticipate:

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5c. Please tell us why not:

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6. 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).

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7. Please tell us how this workshop/training could have been more effective?

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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 U.S. INSTITUTE AT (520) 901-8548.