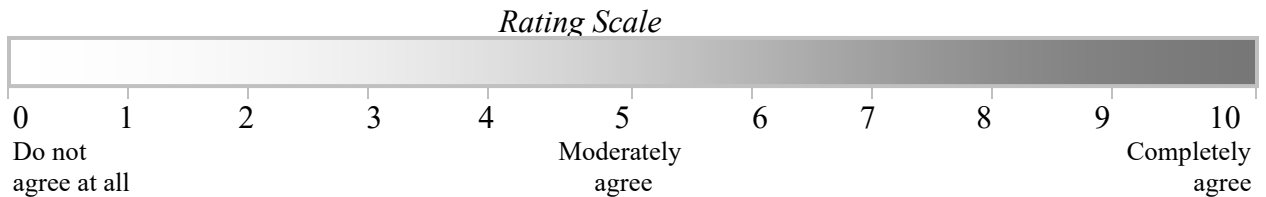


# Facilitated Meeting/Workshop Services Participant Questionnaire

The John S. McCain III National Center for Environmental Conflict Resolution (National Center) evaluates all of its services. As a part of this evaluation, we ask participants who have been involved in a National Center facilitated meeting/workshop to provide us with information about their experience. Your responses will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is 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 National Center. Please note your responses to this questionnaire are confidential. The identity of individual respondents is not recorded.

**1. What were the key meeting/workshop objectives?**



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

*Rating*

_____	a. The topic of this meeting/workshop is important to me or my organization.
_____	b. The meeting/workshop was well organized.
_____	c. The facilities were suitable for the meeting/workshop activities.
_____	d. The presentation/delivery of materials was effective (e.g., appropriate, useful) in reaching the meeting/workshop objectives.
_____	e. The materials (e.g., handouts) were a valuable supplement to the meeting/workshop.
_____	f. The facilitator(s)' interaction with the participants added value to the meeting/workshop.
_____	g. The presenter(s)' interaction with the participants added value to the meeting/workshop. <input type="checkbox"/> Check if Not Applicable (e.g. there were no presenters)
_____	h. The meeting/workshop attendees were able to participate effectively.

_____	i. This meeting/workshop was an important opportunity for the exchange of experience and information.
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3. Please indicate the extent to which the key meeting/workshop objectives were achieved:

Check only one

<input type="checkbox"/>	Progress made on <u>all</u> or <u>most</u> key objectives	<i>Use the space below if you would like to elaborate:</i>
<input type="checkbox"/>	Progress made on <u>some</u> key objectives	
<input type="checkbox"/>	We ended the meeting/workshop <u>without making</u> much progress at all.	

4. Please describe the most beneficial aspects of this meeting/workshop and why they are important to you. Please write "None" or N/A" if you feel this meeting/workshop was not beneficial.

*Most beneficial aspects:*

*Why they are important:*


5. What follow-up would you like to see happen after this meeting/workshop (e.g., materials made available on the web, follow-up meetings developed)?

_____
_____

**6. Please tell us how this meeting/workshop could have been more effective.**

_____
_____

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.  
Please hand in your completed questionnaire at the end of the  
meeting/workshop.**

PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR  
COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT  
THE NATIONAL CENTER AT (520) 901-8544.