ECCR Meeting Facilitation Questionnaire

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0051). 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 be 15 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 Director, Information Engagement Division, 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 U.S. Environmental Protection Agency, Conflict Prevention and Resolution Center (CPRC) 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 CPRC.

The CPRC will not report information from this evaluation in a way that respondents or their organizations can be identified.

# Section 1: Reactions

We would like to hear more from you regarding your experiences in the meeting.

1. **Please tell us more about how the meeting(s) went. Using the scale provided, rate your level of agreement with the following statements:**

|  | **Strongly agree** | **Agree** | **Somewhat agree** | **Neither agree nor disagree** | **Somewhat disagree** | **Disagree** | **Strongly Disagree** | **NA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I was able to participate effectively in the meeting(s). |  |  |  |  |  |  |  |  |
| I had the opportunity to fully express my views. |  |  |  |  |  |  |  |  |
| The facilitator managed the meeting effectively. |  |  |  |  |  |  |  |  |
| The facilitator was knowledgeable about the topics discussed. |  |  |  |  |  |  |  |  |
| The facilitator’s presentation of materials was effective. |  |  |  |  |  |  |  |  |

1. **Were there aspects of the meeting facility (or online platform) that were particularly good or particularly problematic? If so, please describe.**

{Open-ended text box}

1. **Did you encounter any issues with accessibility of the meeting(s) (e.g., ability to access facility, necessary accommodations) or the audio and visual material (e.g., sizes/readability of fonts), seeing all visual elements, audio)? If so, please describe them.**

\_\_Yes

\_\_No

{Open-ended text box}

1. **[**If answered “Yes” to Q3**] You indicated that you had some issues with accessibility. Would you like to discuss those issues with someone? If so, please provide an email address or phone number below.**

{Open-ended box}

1. **What were the facilitator’s strengths?**

{Open-ended box}

1. **What could the facilitator improve?**

{Open-ended box}

1. **Please tell us more about the content of the meeting(s). Using the scale provided, rate your level of agreement with the following statements:**

|  | **Strongly agree** | **Agree** | **Somewhat agree** | **Neither agree nor disagree** | **Somewhat disagree** | **Disagree** | **Strongly Disagree** | **NA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The information provided (e.g., documents, presentations) was useful for the issues and topics discussed. |  |  |  |  |  |  |  |  |
| The objectives of the meeting(s) were expressed clearly. |  |  |  |  |  |  |  |  |
| The objectives of the meeting(s) were fully met. |  |  |  |  |  |  |  |  |
| The meeting(s) was (were) worth my time to attend. |  |  |  |  |  |  |  |  |
| This meeting(s) provided an important opportunity for me to learn about the views of others. |  |  |  |  |  |  |  |  |

# Section 2: Overall Assessment

1. **Overall, how satisfied are you with the meeting(s)**

\_\_ Very satisfied

\_\_ Somewhat satisfied

\_\_ Somewhat dissatisfied

\_\_ Very dissatisfied

1. **Do you have any suggestions for improving the meeting(s) that you’d like to share?**

{Open-ended box}

**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.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering information, and completing and reviewing the collection of information. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates, and any suggestions for reducing the burden, including the use of automated collection techniques to:

CONFLICT PREVENTION AND RESOLUTION CENTER

U.S. Environmental Protection Agency (MC: 2388A)

1200 Pennsylvania Avenue, NW, Washington, DC 20460

Telephone: 202.564.0214, Fax: 202.501.1715

Website: [www.epa.gov/adr](http://www.epa.gov/adr)

Email: adr@epa.gov