



Basic Mediation Training

Feedback Form

In order to evaluate the quality of the training provided by ADR point, it would be particularly useful for us if you complete the following questionnaire.

1. How would you evaluate the following areas of the training?

| | Incomplete | Moderate | Good | Very good | Exceptional |
|--|------------|----------|------|-----------|-------------|
| Organization of training | | | | | |
| Quality & content of training | | | | | |
| Training facilities- infrastructure | | | | | |
| Supporting material | | | | | |
| Interpretation (if applicable) | | | | | |
| Administrative support (secretariat etc) | | | | | |
| Catering | | | | | |
| Overall assessment based on whether the training met your expectations | | | | | |

2. How would you evaluate the performance of trainers and coaches (please only evaluate coaches that provided you individual feedback)

| | Incomplete | Moderate | Good | Very good | Exceptional |
|-----------|------------|----------|------|-----------|-------------|
| Trainer A | | | | | |
| Trainer B | | | | | |
| Coach A | | | | | |
| Coach B | | | | | |

3. Do you have any particular comments about the trainers? (optional answer)

4. Let us know what you found to be POSITIVE / ORIGINAL / PARTICULARLY HELPFUL, in any field, during the training (optional answer)

5. Let us know what you found to be NEGATIVE in any field, during the training (optional answer)

6. Let us know if you have any IDEA / SUGGESTION, in any field, that you think would contribute positively to the training provided (optional answer)

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7. What is your profession and how many years have you practiced it?

8. Having completed the training, to what extent has your view of the institution of mediation changed in relation to the view you had before the training?

| More positive than before | As positive as before | As negative as before | More negative than before |
|---------------------------|-----------------------|-----------------------|---------------------------|
| | | | |

9. Would you recommend a friend or colleague to do the same training ?

YES

NO

10. Would you like to submit this report anonymously or by name ?

| Anonymously | By name |
|-------------|--|
| | [please fill in your name here] |

11. Do you agree to publish your comments on our website or any future program brochure ?

YES by name

YES anonymously

NO

Thank you very much for your time and your comments!