

## MEDIATION SKILLS TRAINING: DETAILED FEEDBACK FORM

### Participant/Trainer Information

- Name (Optional): \_\_\_\_\_
- Date: \_\_\_\_\_
- Training Module/Session: \_\_\_\_\_

### 1. Overall Training Experience

Rate the following aspects using the scale provided:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

Aspect	Rating	Comments/Observations
The training met my expectations.		
The objectives of the session were clear.		
The training environment was conducive to learning.		
The content was relevant and practical.		
The duration of the session was appropriate.		
The materials provided were helpful and comprehensive.		

### 2. Trainer Performance

Rate the following aspects of the trainer's performance:

Aspect	Rating	Comments/Observations
The trainer demonstrated expertise in mediation.		
The trainer explained concepts clearly and effectively.		
The trainer engaged participants and encouraged participation.		
The trainer managed time effectively.		
The trainer provided helpful examples and practical scenarios.		
The trainer addressed questions and concerns adequately.		

### 3. Training Content and Delivery

Evaluate the relevance and effectiveness of the training content and delivery:

Aspect	Rating	Comments/Observations
The training materials (e.g., manuals, case studies, role plays) were useful.		
The role-plays and simulations helped in understanding mediation skills.		
The training was well-structured and organized.		
The level of difficulty was appropriate for my experience/knowledge.		

#### 4. Participant Engagement

Reflect on how well participants were engaged in the session:

Aspect	Rating	Comments/Observations
The activities encouraged collaboration and participation.	[ ]	
Feedback from trainers and peers was constructive and helpful.	[ ]	

#### 5. Key Takeaways

- **What were the most valuable skills or concepts you learned?**

- \_\_\_\_\_
- \_\_\_\_\_

- **What aspects of the training could be improved?**

- \_\_\_\_\_
- \_\_\_\_\_

- **What additional topics or skills would you like to see covered in future sessions?**

- \_\_\_\_\_
- \_\_\_\_\_

#### 6. Suggestions for Improvement

Aspect	Your Suggestions
Training Content	
Training Delivery	
Training Materials	
Role-Play/Simulations	

## 7. Final Comments

- Overall, how would you rate the training experience?

○ \_\_\_\_\_

- Any additional feedback or observations?

○ \_\_\_\_\_

Signature (Optional): \_\_\_\_\_

Date: \_\_\_\_\_