

Name: (optional)

Date:

1. The program, the methodology and delivery

Please comment on the program and methodology of the training as implemented and its appropriateness to the contents and objectives

- Highlights. What aspect of the training did you find most valuable and why?*
- What can we do differently to improve the effect of the training in its future runs?*

2. To what extent did my competences and skills in conflict management improve as a result of the training?

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 % | 20 % | 30 % | 40 % | 50 % | 60 % | 70 % | 80 % | 90 % | 100 % |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (optional)

3. I will be able to apply the skills gained as a result of the training in real life conflict situations and/or in my mediation practice

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Not really | A bit | Yes, for sure | I don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (optional)

4. How far did the training meet your expectations?

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 % | 20 % | 30 % | 40 % | 50 % | 60 % | 70 % | 80 % | 90 % | 100 % |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (optional)

5. How do you intend to incorporate the knowledge and skills gained in the training in your professional practice and/or personal life?

6. Any additional comments?

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7. Would you be willing to note a "testimonial" on the training which the Resolve team may use in its visibility efforts (website/brochure, etc.)?

Your testimonial:

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