



Evaluation Form for Conflict Management Awareness Training

Same info as registration form:

Name: (optional) _____

1. My current bureau or office is:
2. My grade level is:
3. My office zip code is:
4. On as scale of 1 – 5 how would you rate the content of this presentation:
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6. Are you interested in any additional follow-up? *

*Please note this question is for our general information only. If you are interested in any of the follow up options listed, please contact the Office of Collaborative Action and Dispute Resolution directly at 202-273-CADR (2237) or via email to CADR@ios.doi.gov.

7. How did you access this presentation?
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