Conflict Resolution Day 2019

Facilitator Feedback and Event Summary

What was the Event that took place? Workshop name or event details:

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Date(s) and Location of the Workshop or Event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of people in attendance (please provide any demographic break down you have):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilitator Names(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did the Facilitator(s) participate in the Train the Trainer? If so, please provide any feedback

about the Train the Trainer event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Facilitator/Organizer Feedback about the Event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Compilation of Participant Evaluations

Please check the # which best indicates your level of agreement with the following statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #1 | #2 | #3 | #4 | N/A |
| Strongly Disagree | Disagree | Agree | Strongly Agree |  |

|  |  |
| --- | --- |
| This workshop helped me to develop tools to handle conflict in my workplace and/or at home.   | Strongly Disagree xDisagree xAgree xStrongly Agree xN/A x |
| This workshop helped me learn or develop skills related to understanding Triggers, Emotional Reactions, Positions, and Interests.  | Strongly Disagree xDisagree xAgree xStrongly Agree xN/A x |
| This workshop helped me learn or develop skills in Active Listening and Questions to Defuse conflict situations.  | Strongly Disagree xDisagree xAgree xStrongly Agree xN/A x |
| The exercises and activities were effective in demonstrating the ideas presented. | Strongly Disagree x Disagree x Agree x Strongly Agree x N/A x  |
| The workshop provided me with useful tools that I can use in my life. | Strongly Disagree x Disagree x Agree x Strongly Agree x N/A x  |

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1. Reasons for attending this workshop?
2. Suggestions for change to the workshop?
3. Suggestions for future topics?
4. Other Comments?

Please mark **YES or NO** if you are willing to have comments and photos used is CRD promotions:

Comments (with named attached) \_\_\_\_\_\_\_\_\_Comments (without name attached)\_\_\_\_\_\_\_\_\_\_\_

Photos \_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this evaluation- your feedback is important and will be incorporated in building future workshops.

Please email completed evaluations to info@conflictresolutionday.ca by **October 31, 2020**.