NOTE: Select from drop-down list and enter additional data if needed.

Evaluation Form for Conflict Management Awareness Training

Same info as registration form:
Name: (optional) _____

1. My current bureau or office is: FWS
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: 1. Poor
5. Rate the relevance of the information to your work: Not relevant at all
6. Are you interested in any additional follow-up? *
   No, not interested in 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? Internet
8. Rate your experience with this training format: 1. Poor
9. Additional comments/feedback/suggestions: