

**THE MEDIATION CENTRE OF SOUTHEASTERN ONTARIO (MCSO)  
COURSE EVALUATION**

CONFLICT RESOLUTION AND NEGOTIATION SKILLS \_\_\_\_\_

MEDIATION SKILLS \_\_\_\_\_

YEAR \_\_\_\_\_ SPRING \_\_\_\_\_ FALL \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION (if applicable) \_\_\_\_\_

FIRM OR ORGANIZATION (if applicable) \_\_\_\_\_

OVERALL ASSESSMENT OF  
SEMINAR: \_\_\_\_\_

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TO WHAT EXTENT DID THE COURSE MEET

(a) your needs? \_\_\_\_\_

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(b) the needs of your organization? \_\_\_\_\_

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Allocation of time among lectures, simulations, discussion, etc.:

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Scheduling of sessions, length of course, dates of course, etc.:

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Course content:

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Presentations

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Coaches:

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Handouts:

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**SUGGESTIONS FOR FUTURE DEVELOPMENT OF THIS AND OTHER COURSES**

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TESTIMONIAL FOR PRINT IN FUTURE BROCHURES:

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