Print Form

FACILITATOR FEEDBACK ON PARTNERING WORKSHOP

(PLEASE RETURN THIS COMPLETED FORM WITH YOUR REPORT)

Project Name: _____

Project # _____ TRACS # _____

ADOT Org _____ Contractor _____

Facilitator's Name _____ Workshop Date _____

1. Did the team display a good attitude towards partnering resulting in a high level of Cooperation?

PARTICIPANT / COMMENTS

Resident Engineer:

_____

_____

Project Manager:

_____

_____

Designer:

_____

_____

Other:

_____

_____

2. Was the project team sufficiently well-versed and familiar with the project scope and issues?

PARTICIPANT – Great (4) - Good (3) - Fair (2) -Poor (1) indicate level and add comments

Resident Engineer (4, 3, 2, 1,)_____

Project Manager (4, 3, 2, 1,)_____

Designer (4, 3, 2, 1,)_____

Others (4, 3, 2, 1,)_____

Add'l Comments_____

_____

3.Was the length of the workshop/meetings sufficient for the scope and complexity of the project?

Comments_____

4. How would you rate the following characteristics of the workshop facility? _____
(facility name)

QUALITY	LEVEL OF SERVICE			
Cleanliness	☐Great (4)	☐ Good (3)	☐Fair (2)	☐Poor (1)
Adequate Space	☐Great (4)	☐ Good (3)	☐Fair (2)	☐Poor (1)
Customer Service	☐Great (4)	☐ Good (3)	☐Fair (2)	☐Poor (1)
Food quality	☐Great (4)	☐ Good (3)	☐Fair (2)	☐Poor (1)

What other comments do you have regarding the Workshop? _____

_____

_____

_____