

**Florida Dispute Resolution Center's
Evaluation Summary Form**
for Certified Mediation Training Programs

**An Evaluation Summary Form must be filed with the Center no later than
14 days after each certified mediation training program.**

Training Provider: _____

Type of Training: _____ Training Date(s): _____

Number of Participants: _____

Full Attendance Trainer(s): _____

Primary Trainer(s): _____

Assistant Trainer(s): _____

Subject Matter Specialist(s): _____

I hereby certify that the list of trainees attended the full training program and completed all requirements of a certified mediation training program. I further certify that all required learning objectives were covered as required by the Mediation Training Standards and Procedures.

Signature of Training Program Principal

Date

Submit to:
Kimberly Ann Kosch
Senior Court Operations Consultant
Florida Dispute Resolution Center
500 South Duval Street
Tallahassee, Florida 32399-1905
Via Fax (850) 922-9290
or E-Mail: koschk@flcourts.org