

## MEDIATION SERVICES EVALUATION

Your Name: (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Mediator(s) name(s): \_\_\_\_\_

**Please take a few minutes to circle the response that best describes your view about mediation. Additional comments are encouraged and may be continued on the back. Thank you for taking the time to complete this evaluation form.**

1. How well did the mediator(s) explain to you what mediation would involve?

Very Well      Well      Okay      Not well      Not at all

2. How fair was the mediation process?

Very Fair      Fair      Average      Unfair      Very Unfair

3. During the mediation session, to what degree did you have the opportunity to fully express your views?

Very High      High      Average      Low      Very Low

4. How well were the issues important to you identified and discussed in the mediation session?

Very Well      Well      Okay      Poorly      Very Poorly

5. We reached an agreement through mediation covering \_\_\_\_\_ of the issues important to me.

All      Most      Some      A few      None

6. To what degree did the mediator(s) understand you?

Very Well      Well      Average      Not well      Not at all

7. How neutral would you rate the mediator to be?

Completely neutral      Mostly neutral      Somewhat neutral      A little neutral      Not at all neutral

8. To what degree did you feel you were treated with respect by the mediator?

Very high      High      Average      Low      Very low

9. To what degree did you feel pressured by the mediators to resolve the dispute quickly?

Not at all      Slightly      Somewhat      Moderately      Highly

10. How would you rate your level of satisfaction with outcome of the mediation session(s)?

Very high      High      Average      Low      Very Low

11. How would you rate your level of satisfaction with the mediation process?

Very high      High      Average      Low      Very Low

12. What would you tell a friend who asks you, "Do you think I should try mediation?" Please explain.

Yes      Maybe      No

13. Are you comfortable being contacted about your feedback? (If answer is yes, please provide a phone # or email address where you can be reached.)

Yes      No

Please give specific comments on each mediator (optional): Name of Mediator A = \_\_\_\_\_  
Name of Mediator B = \_\_\_\_\_