

Mediation Evaluation Form

Please evaluate the mediation process by rating the following items in terms of whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. Your answers will help us improve our services. Thank you.

Feel free to elaborate on your responses to any of the above questions on the back of this sheet	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1) The mediation process was adequately explained to me by the mediators and/or the program staff.					
2) As a result of the explanation of mediation, I understood the mediation process before the session began.					
3) The mediators listened to what I had to say without judging me or my ideas.					
4) I was able to express myself, my thoughts, and my concerns during the mediation process.					
5) Through this process, I think I understand the other people involved in the conflict better.					
6) Through this process, I think the other people involved in the conflict understand me better.					
7) I feel like the other participants and I together controlled the decisions made in mediation.					
8) I feel like the mediators controlled the decisions made in mediation.					
9) I would bring other conflicts to mediation in the future.					
10) I would recommend mediation to others involved in conflicts.					
11) As of today, I am satisfied with the process of mediation.					
12) As of today, I am satisfied with the results of the mediation.					

Did you reach an agreement in the mediation? Yes No

Do you think your conflict is resolved? Yes No

What did you like best about the mediation process?

What suggestions do you have to improve the mediation process and program?

Did you understand all of the questions above? Yes No

If not, which one(s) were unclear?

Other comments:

Your Name (**OPTIONAL**)

Mediator's Name

Mediator's Name

Date

For Office Use Only: Final Session? <input type="checkbox"/> Yes <input type="checkbox"/> No
