

## EVALUATION FOR PARTIES

To help us to maintain the quality of the mediation program, please answer all of the questions below. Your responses will be kept confidential and will be used to evaluate our services. No identifying information about you will be released.

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Mediator Name: \_\_\_\_\_

Date of Mediation: \_\_\_\_\_

1. What is your relationship to the child(ren)?

Parent

Other: \_\_\_\_\_

The following questions ask about your experience during the mediation session. Please check one box for each question.

2. How clearly did the mediator explain what would happen in mediation?

Not at all clearly

Somewhat clearly

Very clearly

The mediator didn't explain what would happen.

3. Were you able to talk about the issues and concerns that were most important to you?

I was able to talk about none of the issues and concerns that were most important to me.

I was able to talk about some of the issues and concerns that were most important to me.

I was able to talk about most of the issues and concerns that were most important to me.

I was able to talk about all of the issues and concerns that were most important to me.

4. Did you have the opportunity to express your feelings in mediation?

Not at all      Somewhat      Very much

                                          

5. Did the mediator keep you focused on what was best for the children?

                                          

6. Do you understand the other parent's point of view better than you did before mediation?

Not at all better

Somewhat better

Much better

7. How much did the mediation help you to think about different ways to work with the other parent?

Not at all

Some

A lot

8. Was the mediator active enough in helping you to work out the issues in the dispute?

No

Yes

- |   |            |          |           |
|---|------------|----------|-----------|
|   | Not at all | Somewhat | Very well |
| 9. How well did the mediator understand what was important to you?              | [ ]        | [ ]      | [ ]       |
|   | Not at all | Somewhat | Very much |
| 10. Did the mediator treat you with respect?                                    | [ ]        | [ ]      | [ ]       |
| 11. Did the mediator treat you fairly?  | [ ]        | [ ]      | [ ]       |
| 12. Did the mediator push too hard to get you to settle?                        |            |          |           |
| <input type="checkbox"/> Yes, the mediator pushed too hard                      |            |          |           |
| <input type="checkbox"/> No, the mediator did not push too hard                 |            |          |           |
| 13. What was the outcome of the mediation?                                      |            |          |           |
| <input type="checkbox"/> We reached agreement on all the issues in the case     |            |          |           |
| <input type="checkbox"/> We reached agreement on some of the issues in the case |            |          |           |
| <input type="checkbox"/> We didn't reach agreement on any issues in the case    |            |          |           |

**If you REACHED AGREEMENT, please answer the following questions:**

- |  |            |          |           |
|--|------------|----------|-----------|
|  | Not at all | Somewhat | Very much |
| 14. Are you clear about the details of the agreement?    | [ ]        | [ ]      | [ ]       |
| 15. Do you have any doubts that the agreement will work? | [ ]        | [ ]      | [ ]       |

- |   |                     |             |           |                   |
|---|---------------------|-------------|-----------|-------------------|
|   | Very<br>Unsatisfied | Unsatisfied | Satisfied | Very<br>Satisfied |
| 16. How satisfied are you with the <u>outcome</u> of the mediation?   | [ ]                 | [ ]         | [ ]       | [ ]               |
| 17. Regardless of the outcome, how satisfied are you with your <u>overall experience</u> in the mediation session(s)? | [ ]                 | [ ]         | [ ]       | [ ]               |
| 18. Would you use mediation again?  |                     |             |           |                   |
| <input type="checkbox"/> Yes  |                     |             |           |                   |
| <input type="checkbox"/> No   |                     |             |           |                   |
| <input type="checkbox"/> Possibly   |                     |             |           |                   |
| Why or why not? _____   |                     |             |           |                   |

**Please let us know more about your experience:**

19. Things I liked about the mediation:

20. Things I didn't like about the mediation:

**Please help keep us informed about mediation services by answering the following questions about yourself. Your answers will remain completely confidential.**

Zip Code \_\_\_\_\_ What languages do you usually speak at home? \_\_\_\_\_

*Age Range*

18 - 24                       45 - 64

25 - 44                       65 +

*Gender:*  Male       Female

**THANK YOU!**