

EVALUATION FOR PARTIES

To help us maintain the quality of the mediation program, please answer all 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. Do you understand the other parent's point of view better than you did before mediation?
 Not at all better
 Somewhat better
 Much better
5. Was the mediator active enough in helping you to work out the issues in the dispute?
 No
 Yes

- | | Not at all | Somewhat | Very much |
|---|--------------------------|--------------------------|--------------------------|
| 6. Did the mediator treat you with respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the mediator treat you fairly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 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. | | | |
| 9. What was the outcome of the mediation? | | | |
| <input type="checkbox"/> We reached an agreement on all the issues in the case. | | | |
| <input type="checkbox"/> We reached an agreement on some of the issues in the case. | | | |
| <input type="checkbox"/> We didn't reach an agreement on any issues in the case. | | | |

IF YOU REACHED AN AGREEMENT, please answer the following question:

- | | Not at all | Somewhat | Very much |
|---|--------------------------|--------------------------|--------------------------|
| 10. Are you clear about the details of the agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Very Unsatisfied | Unsatisfied | Satisfied | Very Satisfied |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. How satisfied are you with the outcome of the mediation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Regardless of the outcome, how satisfied are you with your overall experience in the mediation session(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Would you use mediation again?

- Yes
 No
 Possibly

Why or why not? _____

Your Zip Code: _____

Your Age Range: 18-24 25-44 45-64 65+

THANK YOU