

OSC MEDIATION EVALUATION FORM

We appreciate you taking the time to fill out this survey. Your responses will help us improve our mediation services and evaluate the program's effectiveness. Please be assured that your answers will be held strictly confidential, and any information will be used for general evaluation purposes only.

Name (Optional): _____ Your role: Participant/Representative/Other

Mediator (s): _____

1. Please indicate how satisfied you were with each of the following features of mediation:

	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Neutral</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>
a. The amount of information OSC gave you about mediation prior to the session...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The opportunity you had to tell your side of the story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The fairness of the mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your level of participation in the mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The amount of control you had over the outcome of the mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The overall process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied were you with each of the following qualities of the mediator(s)?

	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Neutral</u>	<u>Somewhat Dissatisfied</u>	<u>Very Dissatisfied</u>
a. How clearly the mediator(s) explained the mediation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How prepared the mediator(s) were to hear this dispute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The amount of respect the mediator(s) gave you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How knowledgeable the mediator(s) were about the substance and rules of the dispute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The mediator(s)' skill in working with all disputants to reach an agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The fairness of the mediator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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g. The mediator(s) overall

3. Did going through the mediation process help you understand the other party's point of view?
___ Yes ___ No

4. Was this matter resolved during mediation? ___ Yes ___ No

5. Would you use mediation in the future to resolve a dispute?
___ Yes ___ No

6. Additional Comments?

FAUSER\I.SCHARF\EXECUTIVE\DOJ\ADR\WG\ADR\WG Steering Committee\RESMANUA\PARTICIP.DOC

When you have completed the evaluation, please place it in the envelope provided and return it to the OSC after leaving the mediation session. Thank you.