

## CO-MEDIATOR EVALUATION

**INSTRUCTIONS:** To assess the skills and abilities of VACO co-mediators, the lead mediator is requested to complete this form and share appropriate feedback with the co-mediator at the conclusion of the mediation session. Please return this form to the VACO Alternative Dispute Resolution (ADR) Coordinator at 1575 I Street, NW, 10th Floor, Washington, DC 20005 or by fax at (202) 501-2885.

1. NAME OF LEAD MEDIATOR	2. NAME OF CO-MEDIATOR	3. DATE OF MEDIATION
4A. DID THE LEAD AND CO-MEDIATOR SPEND TIME PREPARING IN ADVANCE OF THE MEDIATION SESSION? <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES," complete item 4B.)	4B. APPROXIMATELY HOW MUCH TIME WAS SPENT IN ADVANCED PREPARATION?	5. HOW LONG DID THE MEDIATION SESSION LAST?
6. WHICH CO-MEDIATION CASE IS THIS FOR THE MENTEE? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		

**INSTRUCTION:** For each category below, please rate the Co-Mediator's level of skill and provide comments.

### 7. INTRODUCTION

A. RATING	B. CATEGORY TASKS	C. COMMENTS
<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Provided welcome and opening comments. Explained mediation process. Explained confidentiality. Clarified role of participants. Established ground rules. Appeared sensitive to parties physical and emotional comfort.	

### 8. INFORMATION SHARING

<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Engaged the parties. Understood the issues. Accurately and briefly summarized information. Balanced time and focus between parties.	
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### 9. ISSUE CLARIFICATION

<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Asked appropriate questions. Reframed statements and issues. Identified interests. Identified common ground.	
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### 10. GENERATION OF OPTIONS

<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Organized and prioritized issues. Focused on present and future needs instead of positions. Elicited options and explored possibilities. Overcame impasse, resistance, or difficult agendas. Demonstrated appropriate use of caucus.	
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### 11. CLOSURE

<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Facilitated negotiations. Assisted parties with reality testing. Assisted parties in developing a fair and balanced agreement. Drafted clear and detailed agreement. Discussed options for non-compliance and resolving future conflict.	
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**12. PERSONAL AND PROFESSIONAL QUALITIES**

A. RATING	B. CATEGORY TASKS	C. COMMENTS
<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Developed rapport with the parties, created positive environment. Confident and effective in managing communication and emotion. Maintained neutrality and avoided giving advice. Respected differences of opinion. Provided appropriate information.	

**13. COMMUNICATION SKILLS**

<input type="checkbox"/> 1 - NEEDS IMPROVEMENT <input type="checkbox"/> 2 - SATISFACTORY <input type="checkbox"/> 3 - EXCELLENT	Demonstrated appropriate gestures and eye contact. Demonstrated appropriate use of voice, tone, volume, and clarity. Demonstrated appropriate verbal content and timing. Demonstrated good listening skills. Displayed flexibility and used creative strategies.	
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14A. HAVE YOU CO-MEDIATED WITH THE MENTEE BEFORE?

NO     YES (If "YES," complete item 14B.)

14B. WHAT IMPROVEMENTS HAVE YOU NOTED?

15. WHAT ADDITIONAL TRAINING/DEVELOPMENT, IF ANY, WOULD YOU RECOMMEND FOR THE MENTEE?