

Mediation Participant Evaluation

Please help us evaluate the effectiveness of the mediation program. For each question, check the response that best describes your thoughts and feelings. The information will be kept confidential.

Mediator A: Name _____

Mediator B: Name _____

The following questions concern the mediation process. Please tell us how satisfied you are with:

Check one for questions 1-6

	Strongly Agree	Agree	Uncertain	Strongly Disagree	Disagree
1. I am satisfied with the overall outcome of mediation.	_____	_____	_____	_____	_____
2. I am satisfied with the fairness of the process.	_____	_____	_____	_____	_____
3. I am satisfied with the overall timeliness of the process.	_____	_____	_____	_____	_____
4. I am hopeful this mediation will have a positive impact on my future relationship with the other person.	_____	_____	_____	_____	_____
5. I would consider mediation again to resolve a problem in my workplace.	_____	_____	_____	_____	_____
6. I would recommend mediation to others.	_____	_____	_____	_____	_____

7. Did mediation resolve this dispute?

_____ yes (we chose a written agreement)

_____ yes (we came to a verbal agreement and chose not to create a written agreement)

_____ no

COMMENTS:

Thank you for choosing to use the mediation process to help resolve your situation. If you would like to share further thoughts about the mediation process, please call 924-4105. To find out more about ADR services, visit our website at <http://www.hrs.virginia.edu/relations/alternativedisputeresolution>.