

MEDIATION EVALUATION BY PARTICIPANT

(For Program Statistical Purposes Only)

Please promptly fill out this form after the mediation conferences and return it to the Families In Transition Program Administrator – Tulsa County Courthouse, 500 S. Denver, Tulsa, OK, 74103.

Name of Mediator(s): _____

Case Name: _____

Date(s) of mediation sessions: _____ Are you the: ___ Plaintiff ___ Defendant

Was your attorney present with you in the mediation? ___ Yes ___ No ___ Some Time

Did you have any difficulty representing yourself during the mediation? ___ Yes ___ No

If yes, what difficulty? _____

Did you reach some agreement and/or settle your case? ___ Yes ___ No ___ Partial Agree.

Please circle the number which best reflects how you feel about each of the following statements:

	1-Strongly Disagree	2-Disagree	3-Not Sure	4-Agree	5-Strongly Agree
1. The mediator explained the mediation process clearly so that I knew what to expect during the mediation.	1	2	3	4	5
2. The mediator allowed me to fully present my case.	1	2	3	4	5
3. The mediator carefully listened to my side of the case.	1	2	3	4	5
4. The mediator asked appropriate questions to determine the facts of the case.	1	2	3	4	5
5. The mediator helped me to generate options for settling the dispute.	1	2	3	4	5
6. The mediator treated all parties equally.	1	2	3	4	5
7. Overall, I was satisfied with the mediation session.	1	2	3	4	5
8. Overall, I was satisfied with the way the mediator handled the session.	1	2	3	4	5

Please provide any comments you wish to make regarding the mediator or the mediation process on the back of this form. (Adapted from NIDR Conflict Resolution Institute for Courts.)