

APPENDIX H: MEDIATION PROCESS EVALUATION

DISPUTE RESOLUTION PROCEDURE SURVEY –
NAME OF YOUR PROGRAM

The NAME OF THE AGENCY/PROGRAM is interested in knowing if and how the dispute resolution procedure in which you participated met your needs. Your individual responses to the questions are CONFIDENTIAL, and will not be released; however, your response to this survey is important in helping us evaluate and improve our services. Thank you for your time and opinions.

1) Have you ever participated in a formal mediation before?
 Yes No

2) What did you know about mediation before this session?

- Had a complete understanding of the procedure
- Had some knowledge about mediation
- Had no knowledge about mediation

3) Did you consider mediation and/or other alternative dispute resolution options prior to this mediation?
 Yes No. If yes, what prevented you from using it? (Check all that apply)

- I didn't know how to find someone to facilitate a resolution.
- I didn't have the financial ability to use this type of service.
- I was concerned about having someone tell me what I should do.
- I had heard from others that mediation doesn't really help people.
- I was worried about using a procedure that I really didn't understand.
- I thought going to court was the only way to get matters resolved.

4) Did your understanding of the concerns of the other person change as a result of the mediation?
 Yes No.

5) During the mediation process, were you able to discuss fully the issues that were important to you?
 Yes No.

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6) Were you satisfied with the mediation process?
 Yes No.

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If yes, what was the most helpful thing that happened for you?
_____ If no, what
was the greatest problem for you?

- 7) Did the mediation process: (check one)
____ Resolve your entire dispute?
____ Resolve only part of your dispute?
____ End with any resolution?
____ Make your dispute more difficult?

8) If you reached an agreement, please list one or two things that helped you get to that agreement.

9) If you did not reach an agreement, please list one or two things that were barriers to reaching agreement.

10) Do you think the mediation outcome is a long-term or short-term resolution to the dispute?
____ Long-term ____ Short-term. If you checked Short-term, what would be needed to make it a long-term solution?

11) If you had this dispute again or if you had another dispute? (Check one)
____ I would use mediation.
____ I would not use mediation.
If you checked that you would not use mediation, what other process might work better for you? _____

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12) How would you describe the mediators (Circle all that apply)

- | | | | |
|---------------|---------------|---------------|-----------|
| Neutral | Nervous | Fair | Impatient |
| Unbiased | Disinterested | Competent | Biased |
| Knowledgeable | Patient | Argumentative | |
| Opinionated | | | |

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Other _____

13) Would you recommend mediation to others?
_____ Yes _____ No.

14) If you have any additional comments to help improve the mediation, please share them with us.

Date of Mediation: _____

1 being very dissatisfied and 10 being very pleased.

On a scale of 1 to 10 how would you rate your experience with the mediation process?

And how would you rate the mediators? _____

Thank you for taking the time to complete this survey. Please put it in the envelope provided, seal it and give it to the mediators (or you can mail it to us).

Program Administrator

Name of Program

Address

(Include self-addressed, stamped envelopes)