

SUPREME COURT OF VIRGINIA
Office of the Executive Secretary

Evaluation of Mediation Session(s) and Mediator(s)

This information will be used to inform the court system and the mediator(s) about your experience with mediation. With your help, we can ensure that quality mediation services continue to be available to the citizens of the Commonwealth. This information may be shared with the mediator(s).

I. Session Evaluation

Name: _____ Date: _____

Address: _____
Street

City

State

Zip

Phone Number: (Day) _____ (Evening) _____

1. I am (check one): a party to the mediation an attorney representing a party

2. For this case, mediation was (check one):

very appropriate

somewhat appropriate

not at all appropriate

Comments:

3. Total hours spent in the mediation session(s): _____ Number of Sessions: _____

4. The mediation process was:

very helpful

somewhat helpful

not at all helpful

5. Mediation ended with an agreement on:

all of the issues

some of the issues

none of the issues

6. Would you use mediation again? yes no

7. Would you recommend mediation to others? yes no

II. Mediator Evaluation

Mediator A: Eddy Smart
 Print First & Last Name

Mediator B: _____
 Print First & Last Name

2578
 Mediator's Certification Number

 Mediator's Certification Number

Please rate your mediator(s) on the following. Circle the appropriate number.

5 = Very Good 4 = Good 3 = Adequate 2 = Unsatisfactory 1 = Poor 0 = Does not apply

| The Mediator . . . | Mediator A | Mediator B |
|---|------------------------------|--|
| 1. explained the mediation process and procedures. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 2. provided useful information. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 3. was a good listener. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 4. allowed me to talk about issues that were important to me. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 5. was respectful. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 6. helped clarify issues. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 7. encouraged us to come up with our own solutions. | 5 4 3 2 1 0 | 5 4 3 2 1 0 |
| 8. informed me that I could consult an attorney. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. was neutral. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. wrote our agreement clearly and accurately | <input type="checkbox"/> yes | <input type="checkbox"/> no <input type="checkbox"/> doesn't apply |
| 11. Share any comments on the mediation process and/or the mediator(s): | | |

Please return this Form to the Mediator or Program Director, or mail directly to:
 Dispute Resolution Services
 Office of the Executive Secretary
 Supreme Court of Virginia
 100 North Ninth Street
 Richmond, VA 23219

| |
|--|
| FOR MEDIATOR USE ONLY |
| Court: JDR GD/SC Circuit |
| Type of Dispute: _____ |
| Source of Referral: <input type="checkbox"/> Court <input type="checkbox"/> Coordinator <input type="checkbox"/> Private |