



PHILIP MEDIATION

Evaluation Form

We would very much appreciate your feedback regarding the process in which you participated, in order to be able to improve our services.

Please answer the questions below by rating the statement provided or by responding with the answer that most accurately represents your view. If you feel that a question does not apply to you or your case, please write "N/A".

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. The mediation/conflict resolution session was arranged within a reasonable length of time.	1	2	3	4	5
2. I had a clear understanding of the mediation/conflict resolution process before the session began.	1	2	3	4	5
3. I had an opportunity to present my point of view.	1	2	3	4	5
4. I felt that my concerns were heard and understood.	1	2	3	4	5
5. The mediator was fair and impartial.	1	2	3	4	5
6. The mediator did a good job in helping us develop realistic options.	1	2	3	4	5
7. The mediator kept us on track.	1	2	3	4	5
8. I feel that my relationship with the other party/parties will improve as a result of using the mediation/conflict resolution process.	1	2	3	4	5
9. I felt satisfied that the process was fair and impartial.	1	2	3	4	5
10. I have benefited by learning new problem solving skills that I will use in the future.	1	2	3	4	5
11. I was satisfied with the results of the process.	1	2	3	4	5

12. If you had not had the option of using mediation as a conflict resolution process, what would you have done instead?

13. Would you recommend this service to others? Yes No
Why or why not?

14. Do you have any suggestions that may make this service more useful or responsive?

Other Comments

Aggrieved Person/Plaintiff

Responding Person/Defendant

Aggrieved Person's Representative

Responding Person's Representative

Other: _____

Name (Optional): _____

Thank you for your feedback!