Case Number	
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Mediation Process Evaluation

Please use the following scale to indicate assessment of the mediation process: (1 = not at all 2 = somewhat; 3 = mostly; 4 = absolutely).

1.	. Were you satisfied with the pre-mediation contact by ADR Program Staff?			3	4
2.	Do you now have a clear understanding of the mediation process?			3	4
3.	. Were you able to describe what was important to you about the situation?			3	4
4.	. Did you gain an understanding of other person/party's concerns?			3	4
5.	Did the other person/party acknowledge your concerns?	1	2	3	4
6.	Was the outcome fair?	1	2	3	4
7.	Does the outcome address your needs?	1	2	3	4
8.	Would you recommend mediation to others?	1	2	3	4
Co	omments or Recommendations:				
_					
Yo	our Name(Optional)			O/	<mark>/ER</mark>

I understand that if I am a City of Seattle employee, this evaluation will be shared with the City of Seattle Alternative Dispute Resolution Program.



Mediator Effectiveness Evaluation

Please use the following scale to indicate assessment of mediators skills: (1 = poor; 2 = fair; 3 = good; 4 = excellent).

		Mediator 1	Mediator 2
1.	Treated each participant fairly and respectfully	1 2 3 4	1 2 3 4
2.	Helped you think through your issues and articulate your goals for the mediation	1 2 3 4	1 2 3 4
3.	Helped you understand the other person's issues and why they were important to them	1 2 3 4	1 2 3 4
4.	Fostered an environment that allowed for open communication	1 2 3 4	1 2 3 4
5.	Dealt effectively with emotions	1 2 3 4	1 2 3 4
6.	Maintained an effective manner (i.e. calm, sensitive, flexible, purposeful)	1 2 3 4	1 2 3 4
7.	Honored confidentiality during mediation session	1 2 3 4	1 2 3 4
Cc	omments or Recommendations:		
Yo	ur Name	(Optional)	OVER

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