This confidential information is used to assess quality of the program, to provide feedback to the mediators and to make informed decisions regarding redesign of program procedures.

Ref. number: __________________ Name (optional): _______________________________

1. The mediation was fair.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

2. I was able to speak my mind.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

3. It was helpful to meet with my child.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

4. I felt safe during the mediation.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

5. I would recommend mediation to someone else in my situation.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

6. The mediation helped me address the situation.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

7. I feel better after the mediation.

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree
8. Do you think it’s likely that the interaction between you and your child will improve?
   Yes _____  No _____  Not Applicable ______

9. Did you reach a satisfactory agreement and/or understanding?  Yes ___  No _____

10. Was a written agreement necessary following the mediation?  Yes _____  No _____

11. Were you able to get answers to questions or concerns that you had about the situation?
   Yes _____  No _____  Not Applicable _____

12. What did you like most about the mediation?
   ____________________________________________________________
   ____________________________________________________________

13. What did you like least about the mediation?
   ____________________________________________________________
   ____________________________________________________________

14. Do you have other comments and/or suggestions?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________