

JEFFERSON COUNTY MEDIATION SERVICES
MEDIATION FOLLOW-UP QUESTIONNAIRE

Thank you for taking the time to evaluate and give us feedback on the mediation services provided to you. By taking the time to respond and complete the questionnaire, you give us the opportunity to learn from you and to improve the quality of our services.

1. Your Age: _____ 2. Male Female

3. Have you ever been a party in mediation before? Yes No. If yes, # of times _____

Please use a checkmark to rate the mediators' performance:

		Poor	Satisfactory	Good	Excellent
4.	Explained the mediation process to you in a way that you understood and so you felt free to ask questions:				
5.	Seemed comfortable with the process and projected confidence:				
6.	Established and maintained control of the proceeding:				
7.	Allowed each party a short uninterrupted time to present their view of the situation:				
8.	Listened attentively:				
9.	Remained neutral throughout the mediation process:				
10.	Helped you feel comfortable discussing your issues:				
11.	Important issues were identified and discussed at the mediation:				
12.	Helped the parties generate and analyze options for settlement:				

13. Was the length (time) of the mediation: too short just right too long.

14. Overall, the mediators were: Very effective Somewhat effective Not effective

15. Would you recommend mediation to another person? Yes No

16. Overall, how satisfied were you with the mediation process?

Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

17. How could we have made the mediation more helpful to you/comments:

Thank you for your time and assistance in completing this questionnaire!

JCMS Case Number: _____