

Case #: _____

Date of Session: _____

MEDIATION EVALUATION FORM

Please take a moment to complete this form and return it to the Vermont Agency of Education, Legal Unit Administrator, 1 National Life Drive, Davis 5, Montpelier, VT 05620-2510, or fax to (802) 828-6430. This information will be used to evaluate your mediator's performance and the administration of mediation services.

Mediator Performance

Please rate your mediator's performance from excellent to poor in the follow categories.

Rating Category	Excellent	Good	Satisfactory	Poor
Clearly explained the mediation process and his/her role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Created a rapport with the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assured that all parties had ample time to express themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understood the issues and the conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrained from imposing own judgment or opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped participants understand each other's positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped identify and weigh options for settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remained impartial throughout the proceeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case Management

Did the Agency respond and assign a mediator promptly? Yes No Don't Know

Did your mediator act promptly to schedule the mediation session? Yes No Don't Know

Comments or Suggestions
