SUPREME COURT OF VIRGINIA
Office of the Executive Secretary

Evaluation of Mediation Session(s) and Mediator(s)

This information will be used to inform the court system and the mediator(s) about your experience with mediation. With your help, we can ensure that quality mediation services continue to be available to the citizens of the Commonwealth. This information may be shared with the mediator(s).

I. Session Evaluation

Name: _____ Date: _____

Address: _____
Street

_____
City State Zip

Phone Number: (Day) _____ (Evening) _____

Email Address: _____

1. I am (check one): ☐ a party to the mediation ☐ an attorney representing a party

2. For this case, mediation was (check one):
   ☐ very appropriate ☐ somewhat appropriate ☐ not at all appropriate

Comments:
_____

_____

3. Total hours spent in the mediation session(s): _____ Number of Sessions: _____

4. The mediation process was:
   ☐ very helpful ☐ somewhat helpful ☐ not at all helpful

5. Mediation ended with an agreement on:
   ☐ all of the issues ☐ some of the issues ☐ none of the issues

6. Would you use mediation again? ☐ yes ☐ no

7. Would you recommend mediation to others? ☐ yes ☐ no

II. Mediator Evaluation

Mediator A: _____ Mediator B: _____
Print First & Last Name Print First & Last Name

_____ _____
Mediator's Certification Number Mediator's Certification Number

Please rate your mediator(s) on the following:

5 = Very Good 4 = Good 3 = Adequate 2 = Unsatisfactory 1 = Poor 0 = Does not apply

The Mediator . . .	Mediator A	Mediator B
1. explained the mediation process and procedures.	5 4 3 2 1 0	5 4 3 2 1 0
2. provided useful information.	5 4 3 2 1 0	5 4 3 2 1 0
3. was a good listener.	5 4 3 2 1 0	5 4 3 2 1 0
4. allowed me to talk about issues that were important to me.	5 4 3 2 1 0	5 4 3 2 1 0
5. was respectful.	5 4 3 2 1 0	5 4 3 2 1 0
6. helped clarify issues.	5 4 3 2 1 0	5 4 3 2 1 0
7. encouraged us to come up with our own solutions.	5 4 3 2 1 0	5 4 3 2 1 0

8. informed me that I could consult an attorney. ☐ yes ☐ no

9. was neutral. ☐ yes ☐ no

10. wrote our agreement clearly and accurately ☐ yes ☐ no ☐ doesn't apply

11. Share any comments on the mediation process and/or the mediator(s):

_____

_____

Please return this Form to the Mediator or Program Director, email it to drsapplications@vacourts.gov, or mail directly to:
Dispute Resolution Services
Office of the Executive Secretary
Supreme Court of Virginia
100 North Ninth Street
Richmond, VA 23219