



Mediation Evaluation

Your feedback of the process you participated in is very important. Answer the questions by rating the question or by responding with the answer that most accurately represents your view. If you feel the question doesn't apply in your case, write N/A outside the form box.

Please rate each of the questions that apply:

Mediator #1:

Mediator #2:

RATINGS	Strongly agree	Agree	Neither disagree nor agree	Disagree	Strongly disagree
	1	2	3	4	5
1. The session was arranged in a reasonable length of time.	1	2	3	4	5
2. I had a clear understanding of the process before the session began.	1	2	3	4	5
3. I had an opportunity to present my viewpoint.	1	2	3	4	5
4. I felt my concerns were heard and understood.	1	2	3	4	5
5. The mediator(s)/neutral(s) was/were fair and impartial.					
Practitioner #1	1	2	3	4	5
Practitioner #2	1	2	3	4	5
6. The mediator(s)/neutral(s) did a good job helping us develop realistic options.					
Practitioner #1	1	2	3	4	5
Practitioner #2	1	2	3	4	5
7. The mediator(s)/neutral(s) kept us on track.					
Practitioner #1	1	2	3	4	5
Practitioner #2	1	2	3	4	5
8. I feel that communications at work can improve as a result of using this conflict resolution process.	1	2	3	4	5
9. I felt satisfied that the process was fair and impartial.	1	2	3	4	5



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10. I have learned new problem solving skills that I will use in the future.	1	2	3	4	5
11. I am satisfied with the results of the process and would participate in future mediations.	1	2	3	4	5

12. Would you recommend this service to your coworkers? Yes No
Why or why not?

13. Do you have any suggestions that might make this service more useful or responsive?

PLEASE SHARE ANY GENERAL COMMENTS ABOUT THE PROCESS OR THE MEDIATOR(S):

____ Employee

____ Agency Manager/Supervisor

____ Employee's Representative

____ Agency Attorney

Name (Optional): _____

Please return to the Mediator(s) in the envelope provided or scan and email to David Bayliff the Seattle FEB ADR Program Manager at david.m.bayliff@faa.gov.