

Case #: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDIATION EVALUATION FORM**

Please take a moment to complete this form and return it to the Vermont Department of Education, Legal Unit Administrator, 120 State Street, Montpelier, VT 05620-2501, or fax to (802) 828-3140. 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.

<b>Rating Category</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>
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 Department 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**

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