

**SUPREME COURT OF VIRGINIA**  
**Office of the Executive Secretary**

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**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: \_\_\_\_\_  
Print First & Last Name

Mediator B: \_\_\_\_\_  
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

5 4 3 2 1 0

5 4 3 2 1 0

1. explained the mediation process and procedures.

2. provided useful information.

3. was a good listener.

4. allowed me to talk about issues that were important to me.

5. was respectful.

6. helped clarify issues.

7. encouraged us to come up with our own solutions.

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):

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Please return this Form to the Mediator or Program Director, email it to [drsapplications@vacourts.gov](mailto: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