



Mediation / Disagreement Resolution Participant Evaluation Form

We are keen to hear your views. Your comments are greatly appreciated and help us to monitor and improve the quality of the service we offer.

Date of Mediation / DR:

Child's Name:

Mediator/s Name:

Your Name: (optional):

Your Role: (optional):

Please mark the relevant box to indicate your view of the service:

	Agree strongly	Agree	Not applicable	Disagree	Disagree strongly
1. My initial enquiry received prompt attention.					
2. The staff were helpful and approachable.					
3. I was given a clear explanation of what mediation is about.					
4. I was kept informed about what was happening.					
5. I thought the mediation helped to clarify issues.					
6. I felt the mediation helped to resolve areas of disagreement.					
7. The mediator/s dealt fairly with everyone involved.					
8. The venue met my requirements.					

What benefits did the mediation meeting bring?

How useful was the overall mediation process?

Do you have any other comments on the disagreement resolution service or the process of mediation that you would like to share?

Can we use your comments (anonymously) for publicity purposes? Please state yes or no:

Thank you for filling in this form. Please send to our office or email to: senmediation@kids.org.uk