

Mediator's Name: \_\_\_\_\_

Mediator's Address: \_\_\_\_\_

### Mediator Evaluation Form

**Please take a moment to complete this form and return it to your mediator. The information you provide will be used by your mediator to evaluate his/her performance.**

You have participated in approximately how many mediations \_\_\_\_\_.

Your case \_\_\_\_\_ settled, \_\_\_\_\_ partially settled, \_\_\_\_\_ impasse.

#### I. Mediator Performance

Please rate your mediator's performance on a scale of 1 to 4: 1=Poor, 2=Satisfactory (Sat.), 3=Good, and 4=Excellent (Exc.):

Rating Category	Poor	Sat	Good	Exc
Created a rapport with the participants	1	2	3	4
Established and maintained control of the proceeding	1	2	3	4
Explained the mediation process and the role of the mediator in words the participants could understand	1	2	3	4
Listened attentively and actively	1	2	3	4
Remained impartial throughout the proceeding	1	2	3	4
Helped the participants understand one another's respective positions	1	2	3	4
Helped the participants generate and analyze options for settlement	1	2	3	4
Expressed own opinions regarding options for settlement only at the invitation of a party(ies) and after having exhausted all other avenues for settlement	1	2	3	4

#### II. Case Management Initiative

1. Did your mediator act promptly to schedule the proceeding? \_\_\_\_\_ yes, \_\_\_\_\_ no, \_\_\_\_\_ don't know.
2. Did your mediator make an effort to schedule the proceeding at a date, time, and location convenient to the participants? \_\_\_\_\_ yes, \_\_\_\_\_ no, \_\_\_\_\_ don't know.
3. Did your mediator encourage you to meet the conference completion deadline set by the Court/Clerk in its order for mediated settlement/mediation? \_\_\_\_\_ yes, \_\_\_\_\_ no, \_\_\_\_\_ don't know.

#### III. Narrative

1. Do you have any suggestions to help this mediator improve his/her performance?
2. Do you have any suggestions for improving the Mediated Settlement Conference/Family Financial Settlement/Clerk Mediation Programs?
3. Other Comments:

Optional Information: Your Name: \_\_\_\_\_ . Case name: \_\_\_\_\_ .

Date of Your Mediation: \_\_\_\_\_ .

Thank you for completing this evaluation and returning it to your mediator. This evaluation was prepared by the NC Dispute Resolution Commission, which certifies mediators and regulates mediator conduct. The Commission may be contacted at P.O. Box 2448, Raleigh, NC, 27602 or (919) 890-1415.