

Mediator's Name: _____

Mediation and Mediator's Evaluation Form

Please take a moment to complete this form and return it to adr@workcomp.virginia.gov

The information you provide will be used to evaluate and improve performance. It will not be used in any personnel matter.

Have you participated in mediations prior to this one? YES _____ NO _____
This case: _____ settled _____ partially settled _____ impasse _____ open to further negotiations

I. Mediator Performance

	Poor	Satisf.	Good	Excell.
Created a rapport with the participants	1	2	3	4
Explained the process and the role of the mediator in words you understood	1	2	3	4
Established and maintained control of the process	1	2	3	4
Worked at a good pace and used time effectively	1	2	3	4
Remained impartial throughout the proceeding	1	2	3	4
Listened attentively and actively	1	2	3	4
All participants to the Mediation were available for contributions and/or comments	1	2	3	4
Regardless of the outcome, how satisfied are you with the overall experience?	1	2	3	4

II. Case Management Initiative

Were the case administration, scheduling & confirmation processes efficient & effective?	1	2	3	4
Were the Mediation room, facilities and amenities comfortable and convenient?	1	2	3	4

III. Narrative

Do you have any suggestions to help the mediator improve his/her performance?

Do you have any general comments that would assist the Commission in improving its Mediation program?

IV. Optional

Your name: _____

Date of your mediation: _____

