

# Mediator Evaluation



*Your mediator is seeking Advanced Accreditation with Resolution Institute. Part of the requirement for this is an evaluation of his/her mediation practice. It would be appreciated if you could take a few moments to complete this form.*

**CONFIDENTIALITY**

Information provided to Resolution Institute on this form will be used only for the purposes of assessment under Resolution Institute Accreditation Scheme. If you choose to send this information directly to Resolution Institute you will not be identified as the source of any information.

Name of Mediator

Date of Mediation

What was your role in the mediation?

- Initiator of the mediation
- Solicitor/Barrister for the initiator of the mediation
- Respondent/other participant in the mediation
- Solicitor/Barrister for the other participant in the mediation
- Support person in the mediation
- Other – please specify

What was the outcome of the mediation?

- All matters resolved
- Some matters resolved
- Not settled
- Other – please specify

How satisfied were you with the outcome of the mediation?

- Very satisfied
- Satisfied

Dissatisfied

Very dissatisfied

How would you evaluate the mediation in each of the following areas?

	Poor	Fair	Good	Very Good	Excellent	Don't know
Responding to your telephone or written communications and making preparations for the mediation						
Approaching mediation constructively and clarifying roles and process						
Providing you with opportunities to say what you wanted						
Neutrality (not taking sides in the mediation)						
Creating a framework for discussion by identifying issues and developing an agenda in consultation with you						
Facilitating exploration of issues by promoting communication and understanding between the parties						
Promoting negotiation and problem solving						
Intervening effectively, encouraging parties to explore options and holding private sessions appropriately						
Identifying and recording agreed outcome						

Do you have any other comments on the mediator's performance?

Your name  
(optional)

Date

Thank you for taking the time to complete this evaluation.

**You can choose to return this form to the mediator or return it directly to Resolution Institute via [infonz@resolution.institute](mailto:infonz@resolution.institute) or [infoaus@resolution.institute](mailto:infoaus@resolution.institute).**