

SAN MATEO COUNTY JUVENILE MEDIATION PROGRAM

Multi-Option ADR Project, MAP

Superior Court of San Mateo County

EVALUATION

Please return the completed evaluation by mail or fax to:
Juvenile Delinquency Mediation Program-SMC 303-JV
222 Paul Scannell Drive, San Mateo, CA 94402
Tel. (650) 261-5077

This *confidential* information is used to assess quality of the program, to provide feedback to the mediators and to make informed decisions regarding redesign of program procedures.

Ref. number: _____

Name (optional): _____

1. The mediation was fair.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

2. I was able to speak my mind.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

3. It was helpful to meet with my child.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

4. I felt safe during the mediation.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

5. I would recommend mediation to someone else in my situation.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

6. The mediation helped me address the situation.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

7. I feel better after the mediation.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
----------------------------------	-------------------------	-------------------------------	----------------------	-------------------------------

8. Do you think it's likely that the interaction between you and your child will improve?

Yes _____ No _____ Not Applicable _____

9. Did you reach a satisfactory agreement and/or understanding? Yes ____ No ____

10. Was a written agreement necessary following the mediation? Yes ____ No ____

11. Were you able to get answers to questions or concerns that you had about the situation?

Yes _____ No _____ Not Applicable _____

12. What did you like most about the mediation?

13. What did you like least about the mediation?

14. Do you have other comments and/or suggestions?
