



MINNESOTA SPECIAL EDUCATION MEDIATION SERVICE
Participant's Evaluation of Mediation

Thank you for attending mediation. Please help us evaluate and improve our service. Completing this form is voluntary and there is no consequence if you choose not to participate. Your answers will be shared only with the mediator. A summary of everyone's answers will be used to improve the program.

- 1. Case Number: \_\_\_\_\_
2. Participant: \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_ (please specify)
3. Had you participated in mediation before today? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. What led to the request for mediation? (Select ALL that apply).

- \_\_\_ Adequacy of services \_\_\_ Needed neutral third party to help us manage our communication
\_\_\_ Current placement concerns \_\_\_ We were not considering each other's viewpoints
\_\_\_ Disagreements on the student's needs \_\_\_ We were not listening to each other
\_\_\_ Funding concerns \_\_\_ Personality conflicts
\_\_\_ History of intense emotions between us \_\_\_ Provision of school policies
\_\_\_ Interagency disagreements \_\_\_ Staff availability problems
\_\_\_ Issues were extremely complex \_\_\_ Staff licensure problems
\_\_\_ Lack of trust between us \_\_\_ Other, please specify \_\_\_\_\_
\_\_\_ Needed neutral third party to help us focus \_\_\_\_\_

5. The mediation process is explained in a confirmation letter sent to the parties. In this letter were you given enough information about what to expect during the session? \_\_\_ Yes \_\_\_ No

If no, what type of information would have helped you?

Two horizontal lines for providing additional information.

6. I felt the mediation helped the other party consider my views.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

7. I felt the mediation helped me to consider the other party's views.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

8. Please select the rating that best describes your thoughts about each question. (Select one rating for each question).

**1. Completely    2. Mostly    3. Somewhat    4. Not at all**

Did the mediator explain what was going to happen in mediation?

Were you able to discuss the issues that were important to you?

Did the mediator make it easy to share information?

Did the mediator understand the problem(s)?

9. The mediator treated me with respect.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

10. What is one thing the mediator did that made you feel respected or disrespected?

---

---

11. During the mediation, I felt the mediator accurately rephrased what I said.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

12. The mediator suggested issues or questions that I needed to consider.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

13. During mediation I was given sufficient time to express my views.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

14. In our private meetings, the mediator helped me clarify my thinking so I could better tell my story.

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree  
 No private meetings were held

15. The mediator helped our meeting stay focused on trying to reach a solution.  
 Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree
16. The mediator suggested solutions.  
 Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree
17. I felt pressured by the mediator to reach an agreement.  
 Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

---

18. Did the mediator favor either side?     Yes     No

Please explain. \_\_\_\_\_

---

19. What were the results of the mediation session? (Select ONE)

- Agreement  
 Partial Agreement  
 No Agreement (*Skip to question 21*)  
 Other, please specify (*Skip to question 22*)

---

20. Please indicate what contributed to full or partial agreements. (Select ALL THAT APPLY).

- |   |  |
|---|--|
| <input type="checkbox"/> Advocate influence               | <input type="checkbox"/> Issues or facts clarified         |
| <input type="checkbox"/> Attorney/consultant influence    | <input type="checkbox"/> New/additional options explored   |
| <input type="checkbox"/> Both of us changed our positions | <input type="checkbox"/> One of us changed positions       |
| <input type="checkbox"/> Desire to avoid hearing          | <input type="checkbox"/> I felt heard and understood       |
| <input type="checkbox"/> Desire to reach agreement        | <input type="checkbox"/> We had the ability to be creative |
| <input type="checkbox"/> Emotions abated                  | <input type="checkbox"/> Rules or policy clarified         |
| <input type="checkbox"/> Expectations were reasonable     | <input type="checkbox"/> School personnel influence        |
| <input type="checkbox"/> Forum for discussion provided    | <input type="checkbox"/> Other, please specify _____       |
| <input type="checkbox"/> Interests identified             | _____  |

21. Why do you think this session ended without an agreement being reached? (Select ALL that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Different understanding of student's needs              | <input type="checkbox"/> Needed more time to consider new options presented |
| <input type="checkbox"/> Emotions too high                                       | <input type="checkbox"/> Neither of us could compromise                     |
| <input type="checkbox"/> Lack of acceptable options to resolve issues            | <input type="checkbox"/> I could not compromise                             |
| <input type="checkbox"/> Lack of trust between us                                | <input type="checkbox"/> We were not listening to each other                |
| <input type="checkbox"/> Legal counsel not present                               | <input type="checkbox"/> Session too short                                  |
| <input type="checkbox"/> Necessary parties not present                           | <input type="checkbox"/> Other, please specify _____                        |
| <input type="checkbox"/> Mediator did not help us understand each other          | _____   |
| <input type="checkbox"/> Mediator did not help us focus on the issues to resolve | _____   |

22. During the mediation session, did you notice a turning point when parties seemed more ready or less ready to negotiate with each other?  Yes  No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

23. Overall, how satisfied were you with the mediation process? (Select ONE).

- Completely  Mostly  Somewhat  Not at all

24. Do you think the mediation session has helped parent(s) and school personnel communicate better with each other? (Select ONE).  Yes  No  Don't know

25. Do you think the mediation session will result in an improved relationship between parent(s) and school personnel in the future?  Yes  No  Don't know

26. Do you think the mediation session will help team members be more effective in addressing the student's needs? (Select ONE).  Yes  No  Don't know

**27. Considering your mediation experience, what did you LIKE? (Select ALL that apply).**

- |   |  |
|---|--|
| <input type="checkbox"/> Able to give input                           | <input type="checkbox"/> Mediator treated all parties with respect |
| <input type="checkbox"/> Felt heard and understood by the mediator    | <input type="checkbox"/> Neutral location                          |
| <input type="checkbox"/> Felt heard and understood by the other party | <input type="checkbox"/> Opportunity to explore more options       |
| <input type="checkbox"/> Increased respect between parties            | <input type="checkbox"/> Separate meetings were helpful            |
| <input type="checkbox"/> Made progress toward resolution              | <input type="checkbox"/> Other, please specify _____               |
| <input type="checkbox"/> Mediator kept parties focused                | _____  |
| <input type="checkbox"/> Mediator promoted a relaxed conversation     |  |

**28. Considering your mediation experience, what did you NOT LIKE? (Select ALL that apply).**

- |   |   |
|---|---|
| <input type="checkbox"/> Did not feel heard and understood by mediator        | <input type="checkbox"/> Ran out of time                    |
| <input type="checkbox"/> Did not feel heard and understood by the other party | <input type="checkbox"/> Scheduled during work time         |
| <input type="checkbox"/> Felt pushed to agree by mediator                     | <input type="checkbox"/> Separate meetings were not helpful |
| <input type="checkbox"/> Mediator did not keep parties focused                | <input type="checkbox"/> Unhappy with outcome               |
| <input type="checkbox"/> Necessary parties were not present                   | <input type="checkbox"/> Unpleasant physical environment    |
| <input type="checkbox"/> No agreement was reached between us                  | <input type="checkbox"/> Unresolved issues                  |
| <input type="checkbox"/> No computer or printer in the room                   | <input type="checkbox"/> Other, please specify _____        |
| <input type="checkbox"/> Not enough information on mediation process          | _____   |

**29. Would you participate in a MNSEMS mediation again?  Yes  No**

If no, please explain. \_\_\_\_\_

**30. Would you recommend mediation to others?  Yes  No**

If no, please explain. \_\_\_\_\_

**31. How satisfied were you in communicating with our MNSEMS office?**

Very satisfied     Satisfied     Partially Satisfied     Not Satisfied

**32. How could we be more helpful? \_\_\_\_\_**

**33. Do you have suggestions for improving services provided by MNSEMS? \_\_\_\_\_**

\_\_\_\_\_

*Thank you for your time and assistance in evaluating MNSEMS and the mediation process.*

