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 Justice Mediation Program-SMC 303-JV 222 Paul Scannell Drive, San Mateo, CA 94402 Telephone: (650) 261-5077

This <u>confidential</u> 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		3 Somewhat Agree	4 Agree		
2. I was able to spea	k my mind.				
1 Strongly Disagree	2 Disagree	3 Somewhat Agree	4 Agree	5 Strongly Agree	
3. It was helpful to m	neet with the other	person.			
		3		5	
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	
4. I felt safe during t	he mediation.				
1	2	3	4	5	
Strongly Disagree		Somewhat Agree	Agree	Strongly Agree	
5. I would recommer	nd mediation to so	meone else in my situation.			
1	2	3	4	5	
Strongly Disagree		Somewhat Agree	Agree		
6. I feel better about	the criminal justic	e system after the mediation	1.		
1	2	3	4	5	
Strongly Disagree	Disagree			Strongly Agree	
7. Did the mediation	allow you to bette	r understand how your beha	avior affected the	e other person?	
Yes	No				

8. Do you think it's likely you'll commit another crime knowing what you know now?
Yes No
9. Did you reach a satisfactory agreement and/or understanding?
Yes No
10. Was a written agreement necessary following the mediation?
Yes No
11. What did you like most about the mediation?
12. What did you like least about the mediation?
13. Do you have other comments and/or suggestions?