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 Tel. (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	2 Disagree	3 Somewhat Agree	4 Agree	5 Strongly Agree	
2. I was able to spea	k my mind.				
1	2	3	4	5	
Strongly Disagree		Somewhat Agree	Agree	Strongly Agree	
3. It was helpful to m	neet with my paren	t(s)/guardian(s).			
1	2	3	4	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 recommen	nd mediation to so	meone else in my situation.			
1	2	3	4	5	
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	
6. The mediation hel	ped me address th	e situation.			
1	2	3	4	5	
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	
7. I feel better after t	he mediation.				
1	2	3	4	5	
Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	

8. Do you think it's likely that the interaction between you and your parent/guardian will improve?
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. Were you able to get answers to questions or concerns that you had about the situation?
Yes No
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?