

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 ***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
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2. It was helpful for me to attend the mediation.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
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3. I would recommend mediation to someone else with a child in this situation.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
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4. The mediation helped me feel that the justice system was more sensitive to my child's needs.

-----1----- Strongly Disagree	-----2----- Disagree	-----3----- Somewhat Agree	-----4----- Agree	-----5----- Strongly Agree
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5. Mediation helped me to get answers to questions or concerns that I had about the crime and/or the other person. Yes _____ No _____

6. What, if any difference have you seen in your child since he/she participated in mediation?

7. What did you like most about the mediation?

8. What did you like least about the mediation?

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