

APPENDIX 7
MEDIATION FEEDBACK FORM RECOMMENDED FOR USE BY THE ASSOCIATION OF NORTHERN
MEDIATORS – ALL RESPONSES TREATED IN CONFIDENCE

Name of the Mediator:

Pupil:

Date of Mediation :

Venue:

1.	Were the initial arrangements for the mediation satisfactory? Were you given some guidance about preparing for the mediation?
2.	Were the rooms used suitable and the refreshments adequate? (for on line mediations ignore this question)
3.	Did the mediator adequately explain the mediation procedure at the initial joint meeting or privately
4.	Was the mediator fair and impartial? Was he / she a good listener developing good rapport with you/the client? Did you find his / her interventions helpful?
5.	Have you any comments concerning the conduct and procedure of the mediation?
6.	If submissions were made were you given adequate time by the mediator in comparison to the other party?
7.	Were you unhappy at any point during the mediation?
8.	Would you use the services of the mediator again, or recommend the use of mediation to another person?
9.	Do you have any further comments you wish to add such as suggested improvements?
10.	WOULD YOU MIND BEING PHONED BY SOMEONE TO ASK YOU FURTHER BRIEF QUESTIONS? WE FULLY RECOGNISE THE CONFIDENTIALITY OF THE PROCESS AND CONFIRM THAT THIS WILL NOT IN ANY WAY BE COMPROMISED. CIRCLE : Y N

Please return this form to the Association of Northern Mediators, Icon Business Centre, 4100 Park Approach, Thorpe Park, Leeds, LS15 8GB or by fax to 0113 3970450 or by email to resolve@anthonyglaiser.co.uk.