

**Johnson County Small Claims Court Mediation Program  
Participant's Evaluation Form August 2020**

**We appreciate you completing this brief questionnaire to help us evaluate the program.**

Mediator(s) Name:

Case #

Date:

1. Please put an X after the role you have in this case. Plaintiff \_\_\_\_ Defendant \_\_\_\_ Attorney \_\_\_\_  
Witness \_\_\_\_

2. Did you receive written information about mediation before you went to your first mediation session?  
(Please put an X next to the answer that is true for you.)

1. Yes
2. No
3. Do not remember.
4. No answer.

3. Did the information help to make you feel comfortable about trying the mediation process? (Please put an X next to the answer that is true for you.)

1. Yes
2. No
3. Not completely (Please explain) \_\_\_\_\_
4. No answer.

4. Please put an X in front of an answer to indicate how satisfied you were with:

	VERY SATISFIED	SATISFIED	NEITHER SATISFIED OR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
a. The explanation the mediator gave during the introduction about how mediation works.	VS	SS	NO	SD	VD
b. The opportunity to have a part in deciding the outcome of the dispute.	VS	SS	NO	SD	VD
c. The ability of the mediator to remain neutral.	VS	SS	NO	SD	VD
d. The opportunity you had to present your side.	VS	SS	NO	SD	VD
e. The opportunity you had to talk through solutions.	VS	SS	NO	SD	VD
f. The fairness of the process.	VS	SS	NO	SD	VD
g. The overall outcome.	VS	SS	NO	SD	VD
h. The mediation process as a method of resolving future conflicts.	VS	SS	NO	SD	VD

5. Would you recommend mediation to a friend or relative? Yes / No (Please circle one.)

6. Did you find the process helpful? Yes No (Please circle one.)

7. Because of mediation, do you feel you have a better understanding of the situation, the other person,

and/ or yourself? Yes / No (Please circle one.)

8. What were the most beneficial aspects of your mediation?

9. What were the main drawbacks of your mediation, if any?