



**DALLAS COUNTY
DISTRICT COURT ADMINISTRATION
ALTERNATIVE DISPUTE RESOLUTION**

Mediator Evaluation Form

In an effort to make the Dallas County Dispute Resolution Center more efficient by meeting the needs of those we serve, please complete this survey.

Your feedback is GREATLY appreciated!

* Indicates required fields

I. CASE INFORMATION

* Mediator:	Additional Mediators:	
* Cause No:	* Court No:	* County:
* Type of Case:	* Date Referred:	* Date of ADR:
* By Mediation Order:	or Voluntary:	

II. * MEDIATION OUTCOME – Please check all that apply

What was the outcome of your mediation?

Case Settled:	Significant Progress Made:	Issues Narrowed:	Probably Will Settle:	Probably Will NOT Settle:	No Progress Made:
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If the mediation had been conducted earlier or later in the process of trying to resolve the dispute, would there have been differences in either the outcome or the dispute resolution experience?

Outcome	Yes	No	Experience	Yes	No
Explain difference:					

Were you as mediator, able to help the parties develop and consider many options?

Yes:	No:	Comments:
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Were you as mediator, able to help the parties consider the benefits and risks of their options?

Yes:	No:	Comments:
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Is there any one thing that would have made this a better process for you?

Please Explain:
