



Virginia Department of Employment Dispute Resolution

MEDIATOR REPORT

We appreciate you mediating for the Department of Employment Dispute Resolution's Workplace Mediation Program today. We ask that you conclude the process by completing this evaluation. The purpose of the evaluation is twofold -- 1) to give you an opportunity to reflect on the process and to identify strengths and areas of growth and 2) to give EDR outcome information. The participants will not see your responses. Thank you for your help.

Mediator Name: _____ Date of Mediation: _____

Agency/Department Where You Work: _____

Last Names of Mediation Participants: _____

SUMMARY OF MEDIATION

How many participants were in the mediation? _____ What were the dates of each session? _____

How many sessions were needed? _____

What was the total number of hours needed for all sessions? _____

Do you think that communication and understanding were enhanced from this process? Yes No

Was a written resolution reached? Yes No

If the participants did not choose a written resolution, was a verbal resolution reached? Yes No N/A

Did you and the parties discuss a follow-up session? Yes No

If so, what date is planned? _____

Did you give the parties a copy of the agreement (if an agreement was reached)? Yes No

If a resolution was reached, what do you believe you did that facilitated a resolution? _____

If a resolution was not reached, were there other outcomes that made this process worthwhile? _____

What were your strengths in this mediation (e.g., introducing the process, listening, paraphrasing, identifying/clarifying issues, assisting parties generate their own solutions, remaining neutral and facilitative, assisting parties write an agreement, etc.)? _____

What could you have done (or not done) to have been more effective in your role as mediator? _____

Did you feel that the situation you were asked to mediate was appropriate for mediation? _____

What were the general issues in this mediation? _____

Was there anything about this mediation that made it difficult? _____

Was there any follow-up in terms of support, training, facilitation, or counseling that you felt was needed for the participants at the conclusion of the mediation?

What training or information could EDR make available to you that would enhance your skills as a mediator? _____

Approximately how many mediations have you conducted, including this one? _____
How long should we wait before calling you again to mediate? _____

Any other comments? *(You can also use this space to update any changes to your EDR Workplace Mediator Application)*

MEDIATION DOCUMENTATION

Please return all mediation documentation, including the
Consent to Mediate, Mediation Agreement, Mediator Report, and Participant Evaluations, to:

Department of Employment Dispute Resolution, Attn: Mediation Staff
Main Street Centre, 600 East Main Street, Richmond, Virginia 23219
Fax: (804) 786-0111 or Email: administrator@edr.virginia.gov

We sincerely appreciate your contribution to this program.
Your time and talent makes this program possible.
Thank you!