

# Colorado Department of Education Mediation Evaluation

Role in Mediation: **(check one)**

- parent/guardian    attorney    advocate  
 district/unit/agency    other: \_\_\_\_\_

Mediation # : \_\_\_\_\_

Mediator: \_\_\_\_\_

Date of Mediation: \_\_\_\_\_

Issues Mediated: \_\_\_\_\_  
\_\_\_\_\_

How would you rate the success of the mediation?

- very successful    successful    partly successful    unsuccessful

Did you reach agreement?    Yes    No    Partially   If not, why not? \_\_\_\_\_  
\_\_\_\_\_

What was the most positive aspect of the mediation? \_\_\_\_\_  
\_\_\_\_\_

What was the most negative aspect? \_\_\_\_\_  
\_\_\_\_\_

How would you have improved the mediation process? \_\_\_\_\_  
\_\_\_\_\_

What would have prevented this disagreement from happening in the first place? \_\_\_\_\_  
\_\_\_\_\_

How would you rate the mediator?

- outstanding    above expectation    good    fair    below expectation

Was the mediator objective?    Yes    No   Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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