## **ADR Provider Evaluation**

This short form will assist the Circuit Court of Howard County evaluate court ordered mediation. Please complete the following information and mail it to the address below. All responses regarding this evaluation will be held confidentially and will not be made available to the mediator or made part of the court file.

(1) Name of mediator assigned to this case:
(2) What type of case was this?
(3) In terms of preparedness, how would you describe the mediator's knowledge of the subject matter in this case prior to the mediation session?
□ Very       □ Prepared       □ Somewhat       □ Not very       □ Not Prepared         Prepared       Prepared       Prepared       At all
(4) Did the mediator conduct the mediation session(s) in a professional manner?
□ Very       □ Professional       □ Somewhat       □ Not very       □ Professional         Professional       Professional       Professional       At all
Please explain:
(5) How would you rate the mediator's knowledge of the subject matter in this case?
□ Very       □ Knowledgeable       □ Somewhat       □ Not very       □ Not Knowledgeable         Knowledgeable       Knowledgeable       Knowledgeable       At all
(6) Was the mediator helpful in negotiating a settlement of this case?
□ Very       □ Helpful       □ Somewhat       □ Not very       □ Not Helpful         Helpful       Helpful       At all
(7) How would you evaluate the mediator's skills in this case?
□ Very    □ Skillful    □ Somewhat    □ Not very    □ Not Skillful      Skillful    Skillful    Skillful    At all
(8) How would you rate your overall satisfaction with mediation as a method of resolving your client's dispute?
□ Very       □ Satisfied       □ Somewhat       □ Not very       □ Not Satisfied         Satisfied       Satisfied       Satisfied       At all
(9) Did you feel mediation was appropriate to resolve the issues in this case?
□ Very Appropriate       □ Somewhat Appropriate       □ Not very Appropriate       □ Not Appropriate At all
(10) Do you believe the mediation session was conducted at the appropriate time interval?
☐ Yes ☐ No, Too early ☐? No, Too late
(11) Any additional comments or suggestions:
Thank you for taking the time to complete this form. If you have any additional comments, please use the other side of this sheet.
Please forward this evaluation to: ADR Coordinator  Circuit Court for Howard County  8360 Court Avenue  Ellicott City, Md. 21043  Fax: 410-313-2413

Please Distribute to: Attorneys and/or Pro Se Litigants  $_{\rm April,\,2006}$