



MSMS MEDIATOR FEEDBACK FORM

Name of mediator/co-mediator/assistant mediator: _____

Date of mediation: _____

Please complete this form and return to the mediator by fax or email at: _____

The information you supply will ensure that the quality of mediation services is reviewed and improved.

1. Please tick the box which describes your role in the mediation:

Lawyer

Party¹

2. Was the mediation:

Ordered by a court

Agreed by the parties

Recommended by
lawyers (if any)

Other (please specify)

3. To what extent did the dispute settle at mediation?
(please circle) Fully / Partially / Not at all

4. What did the mediator do well?

¹ Form can be sent to a party if he/she has no legal representation

5. What could the mediator have done better?

6. How would you describe this person's style as a mediator?

7. In relation to the activities below, please comment briefly on the mediator's performance. If the activity does not apply, please tick in the N/A column:

ACTIVITY	COMMENT	N/A
Pre- mediation contact – including answering any queries you had ahead of the mediation		
Making practical arrangements for the mediation		
Explaining and entering into the mediation agreement		
Explaining the mediation process and its essential features (e.g. confidentiality)		

Building rapport with you and putting you at ease		
Listening		
Management of the mediation process		
If agreement was reached, assisting you to record it		

8. Overall, are you satisfied with the mediation? Why? (Or, if not, why not?)

9. Please comment on the role played by the Co-mediator/Assistant mediator – what they did well and/or might do better.
