



# Office of Employment Dispute Resolution

## MEDIATOR REPORT

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We appreciate you mediating for the Office 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: \_\_\_\_\_

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### SUMMARY OF MEDIATION

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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)*  
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\_\_\_\_\_  
\_\_\_\_\_

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**MEDIATION DOCUMENTATION**

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

Department of Human Resource Management, Office of Employment Dispute Resolution  
Attention: Mediation Program Director  
101 North 14<sup>th</sup> Street, 12<sup>th</sup> Floor, Richmond, Virginia 23219  
Fax: (804) 786-1606 or Email: EDR@dhrm.virginia.gov

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