Office of Employment Dispute Resolution

MEDIATOR REPORT

We appreciate you mediating for the Office of Employment Dispute Resolutionôs 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 <u>not</u> 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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MEDIATION DOCUMENTATION

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 14th Street, 12th 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!