

**NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION
Exceptional Children Division**

STATEWIDE SPECIAL EDUCATION MEDIATION PROGRAM

MEDIATION FEEDBACK FROM PARTIES FORM

Thank you for taking the time to complete this form. We have left space on the back page for any additional comments you care to make. Please feel free to comment on any aspect of the process or the outcome of the mediation. Your responses to the questions and your comments will help us improve the mediation process. Please put the completed form in the accompanying envelope and mail to the Department of Public Instruction.

Please indicate your role in the mediation. Parent/guardian LEA representative
 Other _____

Was the mediator neutral and impartial? Yes No

How able were you to say what was important to you?
 Completely able Mostly able Mostly unable Completely unable

How well did the other party understand what was important to you?
 Complete understanding Moderate understanding Little to no understanding

To what extent do you have a better understanding of what was important to the other party?
 Complete understanding Moderate understanding Little to no understanding

To what extent was the mediation *process* successful?
 Very successful Successful Somewhat successful Not successful

Did you reach agreement? Yes No Partially

If another conflict occurs, would you use mediation again? Yes No

Do you feel the mediation process has improved communication between you and other party?
 Yes No

Did you consult with a lawyer before or during the mediation process? Yes No

In your opinion, the mediation ended the way it did because: (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> of my own persistence | <input type="checkbox"/> I changed my position |
| <input type="checkbox"/> of the skill of the mediator | <input type="checkbox"/> the other party changed their position |
| <input type="checkbox"/> of the persistence of the mediator | <input type="checkbox"/> neither party was willing to change |
| <input type="checkbox"/> of good faith efforts of both parties | <input type="checkbox"/> I would not change my position |
| <input type="checkbox"/> communication was improved | <input type="checkbox"/> the other party would not change |
| <input type="checkbox"/> both parties compromised | |
| <input type="checkbox"/> other _____ | |