

**CJAM MEDIATION EVALUATION**

We need your help to improve our mediation services. Please take a few minutes to fill out this form and return it to us. Circle the terms that apply and add your comments, if any. Thank you for using our services and working with us.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Intake**

1. Did the CJAM intake officer contact you promptly about your matter?

Very          Somewhat          Not adequately

Comment:

2. How well did the intake officer explain mediation so that you could make an informed decision to agree to mediate?

Very          Somewhat          Not adequately

Comment:

3. How well did the intake officer help you prepare to participate in mediation?

Very          Somewhat          Not adequately

Comment:

4. How well did the intake interview assist you in understanding the situation and make decisions?

Very          Somewhat          Not adequately

Comment:

5. How likely would you be to ask CJAM to help you with future problems?

Very      Somewhat      Not adequately

Comment:

6. How comfortable would you be recommending CJAM's services to a friend?

Very      Somewhat      Not adequately

Comment: