

SHARED NEUTRALS ADR PPROGRAM

SNAP Confidential Evaluation

Your satisfaction is our primary concern. Your feedback of the process you participated in is very important. Please answer the questions by circling responses that most accurately represent your view. Please comment where you feel it is appropriate. *All responses are strictly confidential.*

1. How would you rate the quality of the mediation services?

5	4	3	2	1
Excellent	Good	Average	Fair	Poor

2. Did the services meet your needs?

5	4	3	2	1
Almost All	Most	Some	Few	None

3. Did you feel the services or processes were fair and impartial?

5	4	3	2	1
Yes	Mostly	Average	Somewhat	No

4. Do you feel your situation will improve as a result of using mediation?

5	4	3	2	1
Yes	Somewhat	Undecided	Not Much	No

5. Please rate listening and communication skills of the Shared Neutrals ADR Program representatives:

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

6. Would you rate this mediation as successful? Why?

7. Would you recommend this service to your co-workers? Why?

8. Do you have any suggestions which might make this service more useful or responsive?

9. General Comments

10. Name/Agency (Optional)

Please fill out and return to the SNAP Committee, c/o 230 S. Dearborn Street, Suite 3816, Chicago, Illinois 60604.
Please mark envelope "CONFIDENTIAL."