

**MONTGOMERY COUNTY COURT
CUSTODY MEDIATION ORIENTATION PROGRAM
EXIT SURVEY**

Mediator's Name: _____

Month and year of mediation orientation: _____

Please help us evaluate the mediation program by answering the following questions.

I am the person who initiated the complaint/petition the answering person

Please answer each question by checking the box to the right that describes your experience.

- | | Agree | Disagree |
|---|--------------------------|--------------------------|
| 1. The mediator explained the mediation process in a way that helped me understand what was going to happen so I could make a choice to continue. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The mediator explained that my participation in orientation was mandatory and that participation in mediation was completely voluntary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I received a written copy of an explanation of the mediation process from the mediator. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The mediator treated me respectfully. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The process was a useful one for me. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The mediator remained impartial and did not take sides. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Having the mediator present helped us talk about our situation. | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments:

Thank you for participating in this survey. Please send completed survey to:

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