

SCHOOL NAME
PEER MEDIATION PROGRAM

PEER MEDIATOR SELF-EVALUATION

Each mediator should complete this form after each mediation session.

Peer mediator: _____ Date: _____

Time Begun: _____ Approximate Length of Mediation: _____

Place a checkmark (✓) by each aspect of the mediation where you did quality work. Place an asterisk (*) by each step where you think the quality could improve.

- ___ Introduction
- ___ Gathering Information
- ___ Focus on Common Interests
- ___ Remaining Neutral and Unbiased
- ___ Creating Options
- ___ Avoiding Suggestions
- ___ Writing the Agreement

1. If you could do this mediation again, what might you do differently?

2. Is there anything you want to discuss with your Program Coordinator?
Do you have any other concerns or questions?