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?