

Mediation Services Participant Questionnaire (Agreement Seeking)

The John S. McCain III National Center for Environmental Conflict Resolution (National Center) evaluates all of its services. As a part of this evaluation, we ask the various participants who have been involved in this project to provide us with information about their experience. Your responses will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is 18 minutes. This estimate includes time for reviewing the instructions, gathering the data needed, and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the National Center. Please note your responses to this questionnaire are confidential. The identity of individual respondents is not recorded. Moreover, the National Center will not report information from this evaluation in a way that respondents or their organizations can be identified.

- 1. Please indicate the extent to which agreement was reached.** TO ANSWER THIS QUESTION, THINK ABOUT WHAT IT WAS THAT THE GROUP WAS CHARGED TO COME UP WITH AT THE END OF THIS COLLABORATIVE PROCESS.

The term “**AGREEMENT**” applies to the written or unwritten agreement reached by participants in the process, including plans, proposals/recommendations, procedures, collaborative decisions to work together and settlements.

Check only one

<input type="checkbox"/>	Agreement reached on <u>all</u> key issues	<i>Use the space below if you would like to elaborate on your response:</i>
<input type="checkbox"/>	Agreement on <u>most</u> key issues	
<input type="checkbox"/>	Agreement on <u>some</u> key issues	
<input type="checkbox"/>	No agreement on any key issues, but progress was made towards addressing the issues or resolving the conflict.	
<input type="checkbox"/>	No agreement, we ended the process without making much progress.	

4. Please consider how the collaborative process you completed compares with the alternative that you identified in the previous question. Select the option that reflects your best estimate of the costs of the collaborative process compared to the alternative.

Check only one

<input type="checkbox"/>	The collaborative process was <i>likely</i> less expensive
<input type="checkbox"/>	The collaborative process was <i>likely</i> more expensive
<input type="checkbox"/>	The costs of the collaborative process were <i>likely</i> about the same as the costs of the alternative

5. Were the benefits from the process worth the time and money you/your organization invested?

Check only one

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

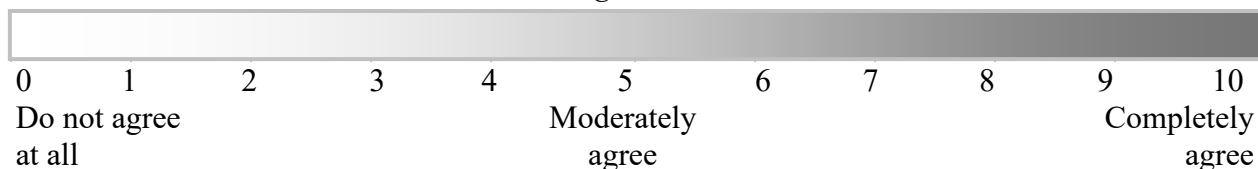
6. Using the scale from the previous page, how do you think the collaborative process you completed would compare with the alternative that you selected in the question 3?

Check here if "Not Applicable" (i.e., I selected "Don't Know" for question 3)

Rating

_____	a. The results of the collaborative process <i>better</i> served my interests.
_____	b. The results of the collaborative process are <i>less likely</i> to be challenged.
_____	c. The participants are <i>more likely</i> to be able to work together in the future on matters related to this case or project.
_____	d. The collaborative process we participated in <i>more effectively</i> addressed the issues or resolved the conflict.
_____	e. The collaborative process we participated in led or will lead to a <i>more informed</i> public action / decision.

Rating Scale



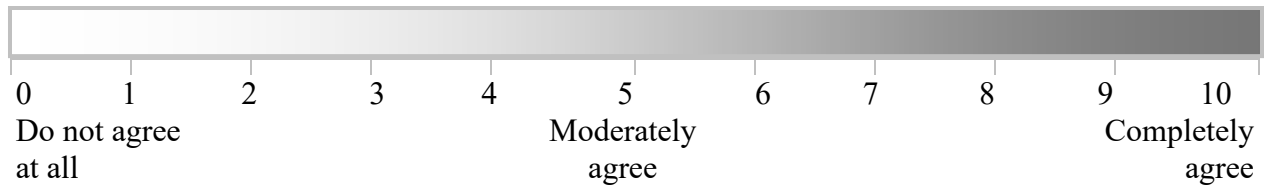
7. Using the scale at the top of the page, please rate the extent to which the following conditions were in place (1) when the process began and (2) as a result of the process.

	<u>Before the</u> process began	<u>As a result of</u> the process
	<i>Rating</i>	<i>Rating</i>
a. The participants were able to work together cooperatively. <input type="checkbox"/> <i>Check if don't know</i>	_____	_____
b. The participants trusted each other. <input type="checkbox"/> <i>Check if don't know</i>	_____	_____
c. The other parties had legitimate interests that needed to be addressed.	_____	_____

8. Please identify the key factors important to your decision whether to participate in this facilitated/mediated process.

Check the Most Important	Check the Second Most Important	
<input type="checkbox"/>	<input type="checkbox"/>	a. Ability to have confidential discussions
<input type="checkbox"/>	<input type="checkbox"/>	b. Fairness of process
<input type="checkbox"/>	<input type="checkbox"/>	c. Necessary parties would participate
<input type="checkbox"/>	<input type="checkbox"/>	d. Sufficient trust of other parties
<input type="checkbox"/>	<input type="checkbox"/>	e. Prospects for reaching agreement
<input type="checkbox"/>	<input type="checkbox"/>	f. Initial conversations (sometimes called situation or conflict assessments) with a process facilitator/mediator
<input type="checkbox"/>	<input type="checkbox"/>	g. A change in factors outside my control (e.g., court order, agency decision) Please specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	h. Other, please specify: _____

Rating Scale



9. Using the above scale, please rate your level of agreement with the following:

Rating

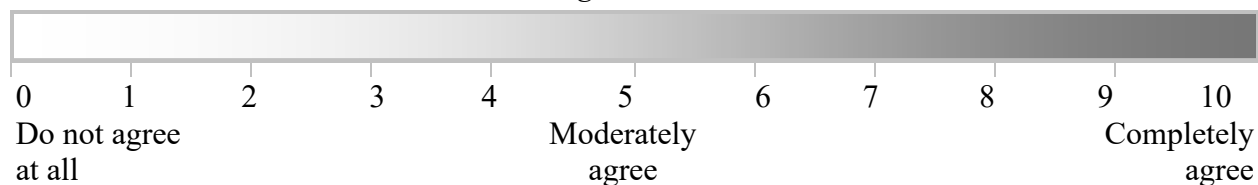
_____	a. I had the resources (e.g., time, money) needed to participate effectively in the process.
_____	b. The participants, as a group, felt they were appropriately engaged in designing the process. <input type="checkbox"/> Check if “Don’t Know” or “Not Applicable”
_____	c. I was involved as needed in selecting the mediator(s)/facilitator(s). <input type="checkbox"/> Check if “Not Applicable”
_____	d. As a result of early conversations with the mediator/facilitator we were able to make an informed decision on whether a collaborative process could help us meet our goals. <input type="checkbox"/> Check if Not Applicable
_____	e. The participants, as a group, represented all affected concerns.
_____	f. The participants had sufficient authority to make commitments on behalf of their organizations.
_____	g. The participants continued to be engaged as long as their involvement was needed.
_____	h. The process helped you gain a better understanding of the other participants’ views and perspectives.
_____	i. The process helped you identify and focus on the key issues that had to be addressed.
_____	j. The participants, as a group, sought options or solutions that met the common needs of all participants.
_____	k. The process enabled participants to be civil to each other.

10. Using the scale above, please rate your level of agreement with the following:

Rating

_____	a. I had sufficient access to relevant information I needed in order to participate effectively in this collaborative process.
_____	b. Information technology tools were effectively used (e.g., a project web site was used to share information, spatial analysis and decision support tools were used). <input type="checkbox"/> Check if Not Applicable
_____	c. I gained useful information as a result of participation in the process.
_____	d. The quality of the information used was sufficient to support the group’s discussions and decision making.

Rating Scale



11. Using the scale above, please rate the following for each of the mediators/facilitators involved in this process:

Please identify each mediator/facilitator by placing their initials in the space provided, and then rate each statement for each mediator/facilitator. Please use the margins to rate additional mediators/facilitators if needed.

Initials of Mediator(s) /			Mediator/Facilitator Skills and Practices
1. ___	2. ___	3. ___	
<i>Ratings</i>			
___	___	___	a. The mediator/facilitator kept us on track and helped us find ways to move forward constructively.
___	___	___	b. The mediator/facilitator helped us manage technical discussions efficiently. <input type="checkbox"/> <i>Check if Not Applicable</i>
___	___	___	c. The mediator/facilitator dealt with all participants in a fair & unbiased manner, and made sure that no one dominated the process.
___	___	___	d. I trusted the mediator/facilitator.
___	___	___	e. I was comfortable with the level of confidentiality in my discussions with the mediator/facilitator. <input type="checkbox"/> <i>Check if Not Applicable</i>
___	___	___	f. The mediator/facilitator made sure that my views and perspectives were considered in the process.
___	___	___	g. The mediator/facilitator helped the participants test the practicality of the options under discussion.
___	___	___	h. The mediator/facilitator was helpful in documenting our work. <input type="checkbox"/> <i>Check if Not Applicable (e.g. no agreement)</i>
___	___	___	i. On reflection, this was the right mediator/facilitator to guide the process.

12. Using the scale from the prior page, please rate your agreement with the following statement.

Rating

_____	<p>a. I had communication with the mediator/facilitator that did not include all parties, and helped me resolve an issue important for advancing the process.</p> <p style="text-align: center;"><input type="checkbox"/> <i>Check if Not Applicable</i></p>
<p>If yes, please elaborate on how the communication contributed to advancing the process:</p> <p>_____</p> <p>_____</p>	

13. Using the scale from the prior page, please rate your agreement with the following statements:

Rating

_____	a. I would recommend this type of process to colleagues in a similar situation.
_____	b. We could not have progressed as far using any other approach of which I am aware.
_____	c. The group could not have progressed as far without the help of a mediator/facilitator.

14. Overall, what did this collaborative process accomplish?

Check the Most Important	Check the Second Most Important	
<input type="checkbox"/>	<input type="checkbox"/>	a. A potentially costly or divisive dispute was likely avoided.
<input type="checkbox"/>	<input type="checkbox"/>	b. An impasse (stalemate) was broken.
<input type="checkbox"/>	<input type="checkbox"/>	c. A crisis was likely averted.
<input type="checkbox"/>	<input type="checkbox"/>	d. Conflict didn't escalate.
<input type="checkbox"/>	<input type="checkbox"/>	e. Costly or protracted litigation was likely avoided.
<input type="checkbox"/>	<input type="checkbox"/>	f. Relationships among parties in this process were improved.
<input type="checkbox"/>	<input type="checkbox"/>	g. The process resulted in timely decisions and outcomes.
<input type="checkbox"/>	<input type="checkbox"/>	h. Nothing was accomplished.
<input type="checkbox"/>	<input type="checkbox"/>	i. The process made the issues or dispute worse.

15. From your perspective, what will be the effects of the progress made (e.g., impacts or benefits)? PLEASE RANK THE MOST IMPORTANT EFFECTS (E.G., 1ST MOST IMPORTANT, 2ND MOST IMPORTANT). PLEASE ALSO BRIEFLY DESCRIBE THE EFFECTS.

Rank all that apply	<i>Briefly describe the effects of the progress made:</i>	
<input type="checkbox"/>	Natural resources and environmental conditions	
<input type="checkbox"/>	Historic and cultural resources	
<input type="checkbox"/>	Community and social conditions	
<input type="checkbox"/>	Economic conditions	
<input type="checkbox"/>	Recreational uses	
<input type="checkbox"/>	Other	

16. What is your top suggestion on how this collaborative process could have been improved?
PLEASE WRITE "NONE" IF YOU FEEL THIS PROCESS COULD NOT HAVE BEEN IMPROVED.

17. Which category best describes the interest or organization you represented in this process?

CHECK THE MOST APPROPRIATE BOX ONLY.

<input type="checkbox"/>	a. Federal Government
<input type="checkbox"/>	b. State Government
<input type="checkbox"/>	c. Local/County/Regional Government
<input type="checkbox"/>	d. Tribal Government
<input type="checkbox"/>	e. Environmental/Conservation
<input type="checkbox"/>	f. Recreational
<input type="checkbox"/>	g. Industrial/Resource Extraction
<input type="checkbox"/>	h. Business/Commercial
<input type="checkbox"/>	i. Community or Private Citizen (e.g., neighborhood association, local resident)
<input type="checkbox"/>	j. Special Advocacy Interests (Please specify): _____
<input type="checkbox"/>	k. Other (Please specify): _____

18. Please use the space below for any additional comments you would like to make.

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PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT THE NATIONAL CENTER AT (520) 901-8544.