



**MEDIATION PARTICIPATION EXIT SURVEY**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
SPECIAL EDUCATION  
SFN 61023 (02-2016)

RETURN TO: (mail, email, or FAX)  
Attn: Colleen Schneider  
Department of Public Instruction  
Office of Special Education  
600 E Boulevard Avenue, Dept. 201  
Bismarck, ND 58505-0440  
-or-  
[cischneider@nd.gov](mailto:cischneider@nd.gov) (email)  
-or-  
(701) 328-4149 (FAX)

The North Dakota Department of Public Instruction (NDDPI) – Special Education Unit conducts ongoing evaluation of its services. Your input is essential for continued improvement of those services. Please take a few minutes to respond to the following questionnaire about your experience in mediation. Your responses are considered confidential and any reproductions of your comments will contain no reference to your identity.

Please identify your role in the mediation		
<input type="checkbox"/> Parent /Guardian or Student	<input type="checkbox"/> Parent/Family Representative	
<input type="checkbox"/> School District Representative	<input type="checkbox"/> Other – please specify	
1. The mediator clearly explained the process		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
2. Based on the information, communication, or materials provided by the mediator and NDDPI, how prepared did you feel for the mediation?		
<input type="checkbox"/> Prepared	<input type="checkbox"/> Somewhat prepared	<input type="checkbox"/> Unprepared
Describe		
3. The mediator helped the party's understand each other's point of view and what was important.		
<input type="checkbox"/> Agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Disagree
Describe		
4. The mediator was impartial and treated me fairly		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
5. The mediator helped the party's consider alternatives to their position(s)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
6. The mediator made it easy to share information and everyone had an equal opportunity to speak.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
7. The mediator asked relevant questions?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
8. If you reached an agreement, do you feel you had an appropriate level of input in the development of the mediation agreement?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
9. I was satisfied with the outcome of the mediation.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
10. I would use mediation again. Why or why not?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	

11. How was the mediator most helpful?

We welcome any comments or suggestions for improvement related to your experience with this mediation.