ADR Provider Evaluation

This short form will assist the Circuit Court of Howard County evaluate its settlement conference facilitation program. Please complete the following information and mail it to the address below. Your response to this evaluation will be kept confidential and will not be placed in your court file.

(1)	Name of facilitator:				
(2)	What type of case was this?				
(3)	How would you describe the facilitator's knowledge of the subject matter in this case?				
	☐ Very ☐ Knowledgeable Knowledgeable	Somewhat Knowledgeable	☐ Not Very ☐ Not Knowledgeable	at All	
(4)	Did the facilitator conduct the session(s) in a professional manner?				
	☐ Very ☐ Knowledgeable Knowledgeable	Somewhat Knowledgeable	☐ Not Very ☐ Not Knowledgeable	at All	
	Please explain:				
(5)	How would you rate the facil	ow would you rate the facilitator's skills during this case?			
	☐ Very ☐ Knowledgeable Knowledgeable	Somewhat Knowledgeable	☐ Not Very ☐ Not Knowledgeable	at All	
(6)	Was the Facilitator helpful in negotiating a settlement of this case?				
	☐ Very ☐ Knowledgeable Knowledgeable	Somewhat Knowledgeable		at All	
(7)	How would you rate your ove dispute?	erall satisfaction	with facilitation as a method of	resolving this	
	☐ Very ☐ Knowledgeable Knowledgeable		☐ Not Very ☐ Not Knowledgeable	at All	
(8)	Do you believe the facilitation was conducted during a good time during the case?				
	Yes No, to	oo early	No, too late		
Additi	ional Comments:				
			ward this evaluation to ADR Coordina ligott City, Maryland, 21043 Fay, 410		