

Feedback sheet

Write your notes here to facilitate your oral feedback

		Requesting party		Responding Party		Mediator
		Client Name:	Attorney Name:	Client Name:	Attorney Name:	Name:
Feedback categories	Interpersonal skills, e.g. <ul style="list-style-type: none"> • Active listening • Generating trust • Neutral language 					
	Process skills, e.g. <ul style="list-style-type: none"> • Overcoming an Impasse • Effective questioning • Engaging with the mediator 					
	Strategy, e.g. <ul style="list-style-type: none"> • Framing issues • Brainstorming deals • Focusing on interests, and not positions 					