

# Process Evaluation Tools

## Conflict Resolution Training Checklist

Check off the items on the list. The more complete the list the more complete the training.

1. Training materials were provided by the trainers. Yes\_\_\_\_\_ No\_\_\_\_\_
2. The trainers completed the agreed upon training time. Yes\_\_\_\_\_ No\_\_\_\_\_
3. The trainers made arrangements for follow up trainings. Yes\_\_\_\_\_ No\_\_\_\_\_
4. The training covered all the items that the organization or trainers contracted to cover. Yes\_\_\_\_\_ No\_\_\_\_\_
5. The trainers required at a minimum a full conflict resolution role play (mediation, negotiation, group problem solving) by all the participants. Yes\_\_\_\_\_ No\_\_\_\_\_
6. The training was age appropriate. Yes\_\_\_\_\_ No\_\_\_\_\_
7. The trainers included the entire school community in planning for the training. Yes\_\_\_\_\_ No\_\_\_\_\_
8. The training covered ways to institutionalize conflict resolution education into the school. Yes\_\_\_\_\_ No\_\_\_\_\_
9. The training was cost effective. Yes\_\_\_\_\_ No\_\_\_\_\_
10. The training covered a representative group of people from the school. Yes\_\_\_\_\_ No\_\_\_\_\_
11. The training was evaluated and the results of the evaluation were made available to the participants. Yes\_\_\_\_\_ No\_\_\_\_\_

## Program Evaluation Record

**Demographic Data: Attach regular school district summary sheet or enter relevant data below:**

**Type of School:** (Elem., Mid., High) \_\_\_\_\_

**Grades Included:** \_\_\_\_\_

**Size of School:** # of students \_\_\_\_\_

# of total staff \_\_\_\_\_

# of teachers \_\_\_\_\_

**Ethnic Breakdown of School Population:**

	% Students	% Staff	% Teachers	% Community
Caucasian	_____	_____	_____	_____
Afr-Amer	_____	_____	_____	_____
Asian	_____	_____	_____	_____
Hispanic	_____	_____	_____	_____
Native Amer	_____	_____	_____	_____
Interracial	_____	_____	_____	_____

**Gender Breakdown for School:**

	% Students	% Staff	% Teachers	% Community
Male	_____	_____	_____	_____
Female	_____	_____	_____	_____

Program History:

TRAINING DATES

*Attach roster of training participants (students/and or adults) for ALL trainings.*

Type of Training	Date of Training	Trainers

Participants Involved in Program:

***Administrators***

Administrator at Time of Program Initiation \_\_\_\_\_

Administrator at Present: \_\_\_\_\_

Other Administrators in Between (also list the dates of their tenure, e.g., 1996-7):  
\_\_\_\_\_

***Site Leadership Team Members***

*(List names and occupation, e.g., teacher, counselor, NTA)*

At Time of Program Initiation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At Year 2 (give month/date): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Data Collected:

For each of the following, indicate when data was collected and how many records are on file.

TRAINING EVALUATIONS:

Type of Training	Date of Training	# Evaluations Collected

PARTICIPANTS' CONFLICT ORIENTATIONS OR ATTITUDES

Type of Measure	Date Administered	# Collected

PROGRAM UTILITY MEASURES

Date Collected	# of Intake	# of Agreement	# of Parties' Feedback	# of Mediator Feedback	# of Follow-Up

SCHOOL OR CLASSROOM CLIMATE QUESTIONNAIRES

Type of Measure	Date Collected	# of Adult Ss	# of Student Ss

INTERVIEWS CONDUCTED

Type of Interview (with whom)	Date Collected

BEHAVIORAL INDICES (VIOLENCE, SUSPENSIONS)



## Site Leader Interview for Mediation

When did the program start?

At what stage is the program now (first year, second year, third-year)?

How long have you been associated with the program?

Tell me the story of the \_\_\_\_\_ peer mediation program from start to finish.

How would you characterize the levels of administrative support for the program (to what extent have resources been made available?)

Have you witnessed a change in the levels of support for the program over time? If so, what do you attribute those changes to? If not, has there been a continuity of leadership that has helped with resource provision?

Do you think the program is successful in terms of:

- students interested in peer mediation training
- publicity of the program
- referral to mediation
- support of the teachers
- support from other adult staff members
- student responses to the peer mediation program as disputants or others

What factors have you identified that have affected the perceived success. If it is successful in certain areas - why? If not - why not?

How do you view your relationship with the students and staff members at this school?

What kinds of feedback have you received from school administrators about their view of the program?

What do you think of the future for this program? What kinds of things are you concerned about? What kinds of things do you count on to make the program successful?

## Site Leader Interview for Curriculum Infusion

When did the program start?

At what stage is the program now (first year, second year, third-year)?

How long have you been associated with the program?

Tell me the story of the \_\_\_\_\_ curriculum integration program from start to finish.

How would you characterize the levels of administrative support for the program (to what extent have resources been made available?)

Have you witnessed a change in the levels of support for the program over time? If so, what do you attribute those changes to? If not, has there been a continuity of leadership that has helped with resource provision?

Do you think the program is successful in terms of:

- teachers interested in participating in the program
- publicity of the program
- quality of instructional materials
- support of the other teachers
- support from other adult staff members
- student responses to the curriculum infusion

What factors have you identified that have affected the perceived success. If it is successful in certain areas - why? If not - why not?

What kinds of feedback have you received from school administrators about their view of the program?

What do you think of the future for this program? What kinds of things are you concerned about? What kinds of things do you count on to make the program successful?

## Interview Schedule For Teachers and Administrators

1. What motivated you and the school to become involved in the conflict resolution education/peer mediation program?
2. Can you give a brief history of how and when the program started here at -----?
3. Initially, what did you hope the program would accomplish?  
(what initial goals did you have?)
  - what do you think others hoped the program would accomplish?
4. Did you participate in or observe the initial training of the children and/or the teachers?  
What were your impressions of the training program?
  - what aspects of the training were you impressed with?
  - what could be done to strengthen the training?
  - if you didn't participate in training, what prevented you?
5. What has the program accomplished so far?
  - How well would you say it has achieved the goals of  
(decreasing violence, decreasing suspensions and expulsions,  
improving children's conflict skills)
6. What has the program not accomplished that you had hoped it would?
7. What factors have contributed to the success of the program?
8. What factors have inhibited the success of the program?
9. From the students point of view, how positive or negative has this experience been for them?
  - from the teacher's point of view?
  - from the administrator's point of view?
10. What have you learned from this experience that you would give as advice to someone else who wanted to start a peer mediation program in their school?

## Interview Schedule Peer Mediators

1. Why did you want to be a peer mediator?
2. Before the peer mediation program what did you do when you were having a conflict with
  - friends
  - other kids
  - teachers
  - brother and sisters
3. Tell me what you did in the training sessions to become a peer mediator.
  - what was really helpful?
  - what else would have been helpful?
4. What did you learn from the peer mediation program that has changed the way you handle conflict now?
5. What are the important skills someone needs to know to handle conflict more effectively?
6. As a peer mediator how did other students respond when you tried to help them solve their conflicts?
7. In general, what do the other kids think of the peer mediators and the whole idea of the peer mediation program?
8. What do the teachers think of the program?
9. How do your parents or other family members feel about you being a peer mediator?
  - do you try and use your mediation skills at home?
  - if so, how have they worked?
  - if not, why not?
10. What would tell other kids interested in becoming peer mediators?

## TRAINING OBSERVATION PACKET

Observer: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

School: \_\_\_\_\_

Day of Training: 1 2 3 4 (or approximate timing of observation, e.g. beginning, middle, end): \_\_\_\_\_

Trainers: \_\_\_\_\_

**Please note any striking behavior or interaction with particular emphasis on the following categories:**

Physical Environment of School and Neighborhood:

Incidents of Fighting/Aggression Among Students or Adults:

Incidents of Constructive Conflict Management Among Students or Adults:

Level of Participant Involvement in Training:

Expertise of Trainers(Substantive, Ability to Communicate Concepts to Students):

Classroom Control (Degree of control maintained by trainers, level of discipline):

Interactions Between Students and NonTrainer Adults:

General Climate of School (Impressions of Student and Staff Morale, Standards, Behavior):

## Mediation Training Evaluation – Student Secondary

Your feedback on this mediation training is very important to us. We'd like to know what you thought of the peer mediation training you just completed. Please complete all of the following questions.

1. Your sex: M\_\_\_\_\_ F\_\_\_\_\_
2. What grade are you in? (please circle): 3 4 5 6 7 8 9 10 11 12
3. How old are you? (years): \_\_\_\_\_
4. Your race (check one): African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Inter-racial \_\_\_\_\_

**Use this scale to rate how much you agree with each of the following statements:**

**SA = Strongly Agree**

**A = Agree**

**D = Disagree**

**SD = Strongly Disagree**

**NA = Not Applicable to this Training/Undecided**

*Circle one response for each:*

- |  |    |   |   |    |    |
|--|----|---|---|----|----|
| 6. The training manuals were easy to follow.   | SA | A | D | SD | NA |
| 6. The training manuals covered all information I needed about mediation.                            | SA | A | D | SD | NA |
| 7. The mediation trainers explained all mediation procedures clearly.                                | SA | A | D | SD | NA |
| 8. The mediation trainers answered all questions to my satisfaction.                                 | SA | A | D | SD | NA |
| 9. The mediation trainers provided opportunities for persons to express their views about mediation. | SA | A | D | SD | NA |
| 10. The trainers gained my trust and confidence.   | SA | A | D | SD | NA |
| 11. In general, the training included enough time to practice skills in resolving conflict.          | SA | A | D | SD | NA |
| 12. In general, the training enhanced my own skills for resolving conflicts.                         | SA | A | D | SD | NA |
| 13. The training did a good job of preparing me to mediate conflicts.                                | SA | A | D | SD | NA |
| 14. Was anything NOT covered in training that you wish had been covered?                             |    |   |   |    |    |

# Mediation Training Evaluation – Student Elementary

What grade are you in?: 3 4 5 6

Circle one response for each:

1. The training manuals were easy to follow.

YES                      yes                      no                      NO

2. The mediation trainer explained the mediation process clearly.

YES                      yes                      no                      NO

3. The mediation trainer answered all my questions well.

YES                      yes                      no                      NO

4. The trainer gained my trust.

YES                      yes                      no                      NO

5. The training gave me enough time to practice mediation.

YES                      yes                      no                      NO

6. In general, the training helped me handle conflicts better.

YES                      yes                      no                      NO

7. The training did a good job of preparing me to mediate conflicts.

YES                      yes                      no                      NO

## Conflict Skills Training Evaluation - Staff

Your feedback on this conflict skills training is very important to us. We appreciate your time and effort in providing the following information.

1. Your school: \_\_\_\_\_
2. Your job title: \_\_\_\_\_
3. **If you are a teacher:**  
 Grade you teach (please circle): K 1 2 3 4 5 6 7 8 9 10 11 12  
 How long have you been a teacher? (please put number of years): \_\_\_\_\_
4. Your sex (please circle) M F
5. Your age (years): \_\_\_\_\_
6. Your race (check one): African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_  
 Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Inter-racial \_\_\_\_\_

**Use this scale to rate how much you agree with each of the following statements:**  
**SA = Strongly Agree**  
**A = Agree**  
**D = Disagree**  
**SD = Strongly Disagree**  
**NA = Not Applicable to this Training**

*Circle one response for each:*

- |   |    |   |   |    |    |
|---|----|---|---|----|----|
| 7. The training materials were easy to follow.  | SA | A | D | SD | NA |
| 8. The training on communication skills helped me identify areas where I can improve.                       | SA | A | D | SD | NA |
| 9. The training taught me valuable skills to improve my communication.                                      | SA | A | D | SD | NA |
| 10. The conflict materials were helpful in better understanding how we deal with conflicts at this school.  | SA | A | D | SD | NA |
| 11. The trainers were helpful in explaining how to use conflict management skills in my work relationships. | SA | A | D | SD | NA |
| 12. The trainers explained all the information clearly.   | SA | A | D | SD | NA |
| 13. The trainers gained my trust and confidence.  | SA | A | D | SD | NA |
| 14. In general, the training enhanced my own skills for resolving conflicts.                                | SA | A | D | SD | NA |
| 16. Was anything NOT covered in training that you wish had been covered?                                    |    |   |   |    |    |

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15. Is there anything you would suggest to improve the training?

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## Curriculum Training Evaluation - Staff

Your feedback on this curriculum training is very important to us. We appreciate your time and effort in providing the following information.

1. Your school: \_\_\_\_\_
2. Your job title: \_\_\_\_\_
3. Grade you teach (please circle): K 1 2 3 4 5 6 7 8 9 10 11 12
4. How long have you been a teacher? (please put number of years): \_\_\_\_\_
4. Your sex (please circle) M F
5. Your age (years): \_\_\_\_\_
6. Your race (check one): African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Inter-racial \_\_\_\_\_

**Use this scale to rate how much you agree with each of the following statements:**

**SA = Strongly Agree**

**A = Agree**

**D = Disagree**

**SD = Strongly Disagree**

**NA = Not Applicable to this Training**

*Circle one response for each:*

- |   |    |   |   |    |    |
|---|----|---|---|----|----|
| 7. The training manuals were easy to follow.  | SA | A | D | SD | NA |
| 8. The training manuals included the information I need to use these ideas in my classes.     | SA | A | D | SD | NA |
| 9. In general, the exercises in the manuals are appropriate for students in my classes.       | SA | A | D | SD | NA |
| 10. The trainers were helpful in explaining how to use some of the exercises in my classes.   | SA | A | D | SD | NA |
| 9. The trainers explained information clearly.  | SA | A | D | SD | NA |
| 10. The trainers gained my trust and confidence.  | SA | A | D | SD | NA |
| 11. The training helped me understand the importance of teaching conflict skills to students. | SA | A | D | SD | NA |
| 12. In general, the training enhanced my own skills for resolving conflicts.                  | SA | A | D | SD | NA |
| 13. The trainers answered questions satisfactorily.   | SA | A | D | SD | NA |
| 14. Was anything NOT covered in training that you wish had been covered?                      |    |   |   |    |    |

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15. Is there anything you would suggest to improve the training?

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Case #: \_\_\_\_\_

## Mediators' Feedback Form –Secondary

Co-Mediators should work together to answer this form. Complete one form per mediation. Please answer each of the following questions in terms of your feelings about the mediation you have just completed.

Co-Mediator #1: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Sex (circle): M F

Co-Mediator #2: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Sex (circle): M F

Date of Mediation: \_\_\_\_\_

- |   |           |          |
|---|-----------|----------|
| Was an agreement reached in this mediation?                     | Yes _____ | No _____ |
| Did you caucus during the mediation?                            | Yes _____ | No _____ |
| Was the mediation held in a private place?                      | Yes _____ | No _____ |
| Did both(all) parties agree to mediate?                         | Yes _____ | No _____ |
| Did you explain the mediation process?                          | Yes _____ | No _____ |
| Did you explain confidentiality?                                | Yes _____ | No _____ |
| If an agreement was reached did you complete an agreement form? | Yes _____ | No _____ |

**Please answer the following in terms of the extent to which you agree or disagree.**

**SA = Strongly Agree**  
**A = Agree**  
**D = Disagree**  
**SD = Strongly Disagree**  
**U = Undecided**

- |   |    |   |   |    |   |
|---|----|---|---|----|---|
| 1. We worked well together as co-mediators.   | SA | A | D | SD | U |
| 2. The parties gave a sincere effort in mediation.                                  | SA | A | D | SD | U |
| 3. We had difficulty helping the parties explain their sides of the situation.      | SA | A | D | SD | U |
| 4. We did not act in a biased way toward either party.                              | SA | A | D | SD | U |
| 5. The parties were unable to come up with their own ideas for solving the problem. | SA | A | D | SD | U |
| 6. We gained the parties' trust.  | SA | A | D | SD | U |
| 7. We could have done a better job of caucusing with the parties.                   | SA | A | D | SD | U |
| 8. Overall the parties were very satisfied with the outcome of the mediation.       | SA | A | D | SD | U |
| 9. Overall the parties were very satisfied with the process of mediation.           | SA | A | D | SD | U |

Case #: \_\_\_\_\_

## Mediators' Feedback Form -Elementary

CO-MEDIATORS ANSWER THESE QUESTIONS TOGETHER. HOW DID YOU FEEL ABOUT THE MEDIATION YOU JUST DID?

Co-Mediator #1: Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Boy or Girl? (circle): Boy Girl

Co-Mediator #1: Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Boy or Girl? (circle): Boy Girl

Date of Mediation: \_\_\_\_\_

Did you caucus during the mediation? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the mediation held in a private place? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you explain the mediation process? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you explain confidentiality? Yes \_\_\_\_\_ No \_\_\_\_\_

- |  |     |     |    |    |
|--|-----|-----|----|----|
| 1. We worked well together as co-mediators.                  | YES | Yes | No | NO |
| 2. The parties really tried to work things out.              | YES | Yes | No | NO |
| 3. The parties had trouble telling their sides of the story. | YES | Yes | No | NO |
| 4. We were fair with both parties.                           | YES | Yes | No | NO |
| 5. We gained the parties' trust.                             | YES | Yes | No | NO |
| 7. We could have done a better job of caucusing.             | YES | Yes | No | NO |
| 8. The parties were very happy with the mediation.           | YES | Yes | No | NO |

Case #: \_\_\_\_\_

## Parties' Feedback Form -Secondary

Please answer each of the following questions in terms of your feelings about the mediation you have just completed.

1. Name: \_\_\_\_\_
2. Grade: \_\_\_\_\_ 3. Sex (circle): M F
4. Date of Mediation: \_\_\_\_\_
5. You Were: Initiating Party \_\_\_\_\_ Responding Party \_\_\_\_\_
6. Was an agreement reached in this mediation? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Did you caucus (meet with the mediators alone without the other party) in the mediation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please answer the following in terms of the extent to which you agree or disagree.**

**SA = Strongly Agree**  
**A = Agree**  
**D = Disagree**  
**SD = Strongly Disagree**  
**U = Undecided**

- |  |    |   |   |    |   |
|--|----|---|---|----|---|
| 8. The mediators helped us state our sides of the situation.                                       | SA | A | D | SD | U |
| 9. I feel like I understand the other party's needs and feelings better now than before mediation. | SA | A | D | SD | U |
| 10. The mediators explained the mediation process clearly.   | SA | A | D | SD | U |
| 11. The mediators explained confidentiality.   | SA | A | D | SD | U |
| 12. The mediators were biased in favor of the other party.   | SA | A | D | SD | U |
| 13. Mediation helped me think of more options for settling the problem.                            | SA | A | D | SD | U |
| 14. The mediators gained my trust.   | SA | A | D | SD | U |
| 15. Caucusing did not help me handle the conflict more effectively.                                | SA | A | D | SD | U |
| 16. Mediation was worth the effort.  | SA | A | D | SD | U |
| 17. Overall I'm very satisfied with the outcome of the mediation.                                  | SA | A | D | SD | U |
| 18. Overall, I think the other party is very satisfied with the outcome of the mediation.          | SA | A | D | SD | U |
| 19. I will use mediation again.  | SA | A | D | SD | U |
| 20. I will recommend mediation to my friends.  | SA | A | D | SD | U |
| 21. I'd like to become a peer mediator.  | SA | A | D | SD | U |

Case #: \_\_\_\_\_

## Parties' Feedback Form - Elementary

Please tell how you feel about the mediation you just did.

Your Name: \_\_\_\_\_

- |  |     |     |    |    |
|--|-----|-----|----|----|
| 1. The mediators helped me tell my side of the story.            | YES | Yes | No | NO |
| 2. Mediation helped me understand how the other person feels.    | YES | Yes | No | NO |
| 3. The mediators let me know what would happen in mediation.     | YES | Yes | No | NO |
| 4. The mediators told us about confidentiality.                  | YES | Yes | No | NO |
| 5. The mediators treated one of us better than the other.        | YES | Yes | No | NO |
| 6. Mediation helped me think of good ways to handle the problem. | YES | Yes | No | NO |
| 7. I trusted the mediators.                                      | YES | Yes | No | NO |
| 8. Mediation was worth the effort.                               | YES | Yes | No | NO |
| 9. I am very happy that I went to mediation.                     | YES | Yes | No | NO |
| 10. I will use mediation again.                                  | YES | Yes | No | NO |
| 11. I will tell my friends to use mediation.                     | YES | Yes | No | NO |
| 12. I want to be a peer mediator.                                | YES | Yes | No | NO |

## Staff Feedback Form

We're interested in any general feedback you have on the peer mediation and/or conflict education program. If you have feedback on any of the following questions, please complete this form and return with the next round of data collection for the students.

1. In what way, if any, do you see the program making a positive difference?

2. In what way, if any, do you see the program making a negative difference?

3. What feedback would you like to send to the administration about the program?

4. Do you have any other comments, suggestions or feedback on the program?