



## SNAP Confidential Evaluation

Your satisfaction is our primary concern. Your feedback is very important. Please check the responses that most accurately represent your view. Please comment where you feel it is appropriate. *All responses are strictly confidential.*

	Agree	Neutral	Disagree	N/A
1. The quality of the mediation services was strong				
2. The services meet your needs				
3. The services or processes were fair and impartial				
4. Your situation will improve as a result of using mediation				
4. The communication skills of the SNAP representatives were effective				

6. Would you rate this mediation as successful? Why?

---

---

7. Would you recommend this service to your co-workers? Why?

---

---

8. Do you have any suggestions which might make this service more useful or responsive?

---

---

9. General Comments

---

---

10. Name/Agency (optional) \_\_\_\_\_

Please fill out and return to the SNAP Committee, c/o 77 W. Jackson, Suite 2115, Chicago, Illinois 60604. Please mark envelope "CONFIDENTIAL."