

RJP Evaluation

**POST-CONFERENCE**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Code # \_\_\_\_\_

This short survey is intended to measure satisfaction with restorative justice programming. Your honest feedback is very important to us and will be used to make improvements to our program. Thank you for your cooperation!

Please circle the best answer for each of the following questions:

	<b>AGREE</b>	<b>DISAGREE</b>	<b>UNKNOWN</b>
I felt safe while participating	A	D	U
I was comfortable sharing my experiences	A	D	U
My experiences were heard by other participants	A	D	U
I was treated with respect while participating	A	D	U
Participants were given equal time and attention	A	D	U
To me, the agreement reached was fair	A	D	U
The agreement reached seemed fair to the victim(s)	A	D	U

How much has your child's behavior impacted other (such as family, friends, and community members)?

None				All
1	2	3	4	5

How confident are you in the ability of the restorative justice system to treat offenders fairly?

Not Confident				Very Confident
1	2	3	4	5

Do you have any thoughts to share at this time?

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*Thank you for completing this evaluation.*