

Please answer the following questions and return this form to the facilitators.

1. For the following statements, please rank your level of disagreement or agreement.	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
I felt emotionally safe throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt physically safe throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt supported by the program throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided sufficient information and felt prepared going into the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated fairly throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to express my thoughts and feelings as I needed to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process helped me feel that my voice was included in determining the outcome of my case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to and heard throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My choice to participate was fully voluntary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the opportunity to make meaningful choices throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process was responsive to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitators led the process effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitators adequately communicated with me and answered my questions throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which of the following best describes your attitude toward the person(s) that caused harm now?

- Very Negative Negative Mixed Positive Very Positive

3. Was the process responsive to your religious/spiritual beliefs and cultural practices?

- No Yes Somewhat N/A

4. Do you feel your need for justice has been satisfied? No Yes Somewhat

5. If you were in a similar situation in the future, would you consider restorative justice again?

- No Yes Maybe

6. Would you recommend that others consider restorative justice? No Yes Maybe

7. Some crime victims experience anxiety of being further victimized. On a scale of 1 to 10, how much anxiety do you feel now about being re-victimized?

- No Anxiety High Anxiety
-
- 1 2 3 4 5 6 7 8 9 10

8. On a scale of 1 to 10, how connected do you currently feel to your community?

- Not at all Connected Deeply Connected
-
- 1 2 3 4 5 6 7 8 9 10

Internal Use Only:

Case #: _____ Date of the Meeting: _____

Process/Model Used: Family Group Conference; Victim-Offender Dialogue; Circle Process;

Community Justice Forums (RCMP Model); Victim Offender Conference; Community Accountability Boards; Other (please specify): _____

TURN TO OTHER SIDE →

9. On a scale of 1 to 10, please rank your knowledge about the resources available to you for ongoing support.

No Knowledge Knowledge of all Resources Available
1 2 3 4 5 6 7 8 9 10

10. For the following statements please indicate your level of disagreement or agreement.

	NO	YES	SOME- WHAT
The meeting has contributed to my process of moving forward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The questions and concerns I had about the incident were addressed during the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel certain that what I shared was and will continue to be kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The impact of the harm I experienced was acknowledged and understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process allowed me to talk about my experience of being harmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process has had a positive impact on the person that caused harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to work out an agreement with the person that caused harm that is acceptable to both/all of us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative justice helped address the harm that was done to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How satisfied were you with your restorative justice experience? Please feel free to elaborate below.

Very Dissatisfied Dissatisfied Mixed Satisfied Very Satisfied

Feel free to say more: _____

12. Did you feel comfortable in the space? No Yes Somewhat

Why or why not? _____

13. Do you have any other feedback, suggestions, or comments? _____

*The comments above may be used to demonstrate the experience of those we have worked with in our promotional materials.
If you prefer that your comments not be used for this purpose, please check this box: .*