




BCTF

British Columbia Teachers' Federation A Union of Professionals

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CONFIDENTIAL

Individual Perception Check form for small group mediation

Name: _____

Local name: _____ Local number: _____

School name: _____ School phone number: _____

Home phone: _____ Email: _____

Number of years in District: _____ Years in School: _____

Grade(s) or subject(s): _____

Please fax this completed form to BCTF Ethics Administrator, Sherry Payne at 604-871-1828 (confidential fax) or email to spayne@bctf.ca.

All information on this form will be held in strict confidence.

1. Do you believe there are significant issues in your school and/or group that need to be addressed?
Yes: _____ No: _____

If yes, please comment on the nature of the issue(s): _____

2. Who is involved? _____

3. What factors have contributed to the issue(s): _____

4. What is the emotional climate like? _____

5. How does the situation affect you? _____

6. What do you fear will happen if there is no resolution? _____

7. Are you willing to spend time sharing your views and potential resolutions in a confidential interview with the mediators?

Yes: _____ No: _____

8. Are you willing to commit to a mediated group process in order to address the issues?

Yes: _____ No: _____

9. Do you have any other relevant comments? _____

Date: _____