

WSEMS#

Facilitator#

Individualized Education Program (IEP) Facilitation

ATTORNEY Reporting Form

Please help us evaluate the facilitation project by answering the following questions.

The information on this reporting form will remain confidential. The form is returned to the system office and reviewed only by the intake coordinator who also serves as the system administrator. The information will never be reported in a way that could identify the parties to this IEP or the facilitator.

1. Your role: (Check one)

___ Attorney for School District (1)

___ Attorney for Parent/Guardian/ Adult Student (2)

___ Other (3) (Describe: _____)

This section will explore your experience and role in the facilitation process.

2. How many **facilitated sessions for this IEP** did you participate in? _____

3. Describe your primary role in this facilitation (please check one)

___ Active participant (1)

___ Advisor (2)

___ Other (3) (describe) _____

SECTION A: About the Facilitation Process

This set of statements focuses on the IEP facilitation process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
4. I believe my client understood the facilitation process.	1	2	3	4	5	6	7
5. It is important that my client feels a part of the IEP process.	1	2	3	4	5	6	7
6. Facilitation provided my client with the opportunity to be a part of the IEP process.	1	2	3	4	5	6	7
7. Facilitation helped my client move to a satisfactory outcome.	1	2	3	4	5	6	7
8. Overall, I was satisfied with the facilitation of the IEP process.	1	2	3	4	5	6	7
9. I would encourage future clients to participate in a facilitated IEP.	1	2	3	4	5	6	7
10. This facilitation will improve future IEP meetings.	1	2	3	4	5	6	7

SECTION B: About the Facilitator

This set of statements will focus on the person who acted as the facilitator. (If you did not attend the IEP meeting(s) please skip this section and proceed to SECTION C).

	Strongly Agree	Agree	Slightly No Agree Opinion	Slightly Disagree	Disagree	Strongly Disagree
11. It is important for the facilitator be knowledgeable in the field of special education.	1	2	3	4	5	6 7
12. The facilitator was knowledgeable in the field of special education.	1	2	3	4	5	6 7
13. The facilitator explained the facilitation process thoroughly.	1	2	3	4	5	6 7
14. The facilitator was NOT impartial.	1	2	3	4	5	6 7
15. I believe my client understood the other participants' viewpoint.	1	2	3	4	5	6 7
16. The facilitator was respectful to all participants.	1	2	3	4	5	6 7
17. The facilitator tried to pressure my client into agreeing with the IEP.	1	2	3	4	5	6 7
18. The facilitator created a comfortable environment.	1	2	3	4	5	6 7
19. I believe the other participants understood my client's viewpoint.	1	2	3	4	5	6 7
20. The facilitator utilized time adequately.	1	2	3	4	5	6 7
21. The facilitator was organized.	1	2	3	4	5	6 7

	Strongly Agree	Agree	Slightly No Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
22. The facilitator did NOT keep the meeting focused.	1	2	3	4	5	6	7
23. I would use this facilitator again.	1	2	3	4	5	6	7

Did the IEP team develop an IEP at the facilitated meeting?

yes (GO to SECTION C and SKIP SECTION D)

no (SKIP SECTION C and GO to SECTION D)

The team is continuing the IEP process without a facilitator - THEN STOP HERE

SECTION C: The IEP team developed an IEP (only fill this section out if an IEP team developed an IEP at the facilitated meeting)

	Strongly Agree	Agree	Slightly No Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
24. I believe my client was satisfied with the IEP the team developed.	1	2	3	4	5	6	7
25. I believe the other participants will follow through with the IEP.	1	2	3	4	5	6	7
26. I believe the outcome of the facilitated IEP was better than my client had expected.	1	2	3	4	5	6	7
27. I believe a facilitated IEP process was helpful.	1	2	3	4	5	6	7

SECTION D: The IEP team did NOT develop an IEP (only fill this section out if the IEP team did NOT develop an IEP during the facilitation process)

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
28. The facilitator was ineffective.	1	2	3	4	5	6	7
29. The other participants were unwilling to negotiate.	1	2	3	4	5	6	7
30. I believe my client felt pressured to agree with the IEP.	1	2	3	4	5	6	7
31. My client's viewpoint was not respected.	1	2	3	4	5	6	7
32. I believe that the other participants will not follow through with the IEP.	1	2	3	4	5	6	7
33. The participants could not agree on an acceptable outcome.	1	2	3	4	5	6	7
34. I will advise my clients to take further action.	1	2	3	4	5	6	7
35. My client was unwilling to negotiate a resolution.	1	2	3	4	5	6	7

Any Additional Comments:

Thank you. WSEMS, Burns Mediation Services, P.O. Box 107, Hartland, WI 53029-0107