

WSEMS#

Facilitator#

**Individualized Education Program (IEP) Facilitation
FACILITATOR Reporting Form**

Please help us evaluate the IEP facilitation system 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 or facilitator to this IEP meeting.

I. Please check which persons were in attendance at the facilitation: (1Y, 2N)

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> District Administrator |
| <input type="checkbox"/> Father | <input type="checkbox"/> Attorney for Parent,Guardian,Student |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Attorney for School District |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Director of Pupil Services | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Speech & Language Pathologist |
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Student |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Other Describe _____ |

2. No disability has been identified at this time (15)

More than one disability has been identified (14)

If a disability (ies) has been identified, place an **X** in the space in front of each disability involved.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Autism (1) | <input type="checkbox"/> Other Health Impairment (11) |
| <input type="checkbox"/> Emotional Behavioral Disability (2) | <input type="checkbox"/> Traumatic Brain Injury (12) |
| <input type="checkbox"/> Specific Learning Disability (3) | <input type="checkbox"/> Visual Impairment (13) |
| <input type="checkbox"/> Orthopedically Impairment (4) | |
| <input type="checkbox"/> Significant Developmental Delay (3.5-11 years) (5) | |
| <input type="checkbox"/> Speech and Language (6) | |
| <input type="checkbox"/> Deaf-Blind (7) | |
| <input type="checkbox"/> Cognitive Disability (8) | |
| <input type="checkbox"/> Hearing Impairment (9) | |
| <input type="checkbox"/> Multiple Handicapped (10) | |

3. The number of IEP meetings with a facilitator was _____.
4. The average length of each IEP meeting with a facilitator was _____hrs _____mins.
5. Has this IEP team met previously about this IEP? ____YES ____NO (1Y,2N)
If yes, how many times? _____
6. For this facilitation, I participated in telephone conferences (please check correct response)
Constantly (1)____ Frequently (2)____ Often (3)____ Sometimes (4)____

Rarely (5)____ Never (6)_____
7. For this facilitation, I communicated via email
Constantly (1)____ Frequently (2)____ Often (3)____ Sometimes (4)____

Rarely (5)____ Never(6)_____
8. Below is a list of concerns that are involved in the facilitation process.
Please identify the main reason(s) a facilitator was requested to assist in the IEP process. **Place an X on the line next to the main concerns.** (1/Y, 2/N)

- | | |
|--------------------------------------|-------------------------------------|
| ___Extended school year (ESY) | ___Teacher or aide issues |
| ___Free Appropriate Public Education | ___Other personnel issues |
| ___Identification issues | ___Related services |
| ___Placement issues | ___Transportation issues |
| ___Request for an IEE | ___Evaluation/Testing issues |
| ___Communication breakdown | ___Transition from birth to three |
| ___Reimbursement for private school | ___Transition from high school |
| ___Other IEP Issues | ___Discipline |
| ___IEP not being followed | ___Safety issues |
| ___Functional Behavioral Assessment | ___Accommodations issues |
| ___Assistive technology | ___Behavior Intervention Plan (BIP) |
| ___Other - Describe: | |

9. If any actions were initiated BEFORE facilitation started please complete the table below. **(If no, please skip to question 10).**

For each action listed below, place an **X** in the box to the right that best describes the outcome of the action. If a particular action was NOT initiated, you would place an **X** in the **NOT INITIATED** box.

Actions	Not Initiated (1)	Agreement (2)	Dismissal/ No Agreement (3)	Moved to IEP Facilitation (4)	Adjournment (5)	Unknown (6)
Mediation						
Due process						
Formal IDEA complaint						
Class Action lawsuit						
Individual lawsuit						
OCR Complaint						
Resolution Meeting						
Unknown						
Other						

10. What was the outcome of the facilitated IEP meeting(s)?

_____ IEP team developed a program in the facilitation process (1)

_____ IEP team did not develop a program in the facilitation process. (2)

_____ Rescheduled IEP without facilitator (3)

_____ Rescheduled 504 meeting without a facilitator (4)

SECTION A: About the Facilitation Process

This set of statements focuses on the facilitated IEP process. Please tell us whether you **Strongly Agree, Agree, No Opinion, 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
11. The participants fully understood the IEP facilitation process.	1	2	3	4	5	6	7
12. It is important for all participants to be part of the IEP process.	1	2	3	4	5	6	7
13. The process gave each participant the opportunity to be a part of the IEP meeting.	1	2	3	4	5	6	7
14. Facilitation gave each Participant the time to fully Describe their viewpoint.	1	2	3	4	5	6	7
15. Facilitation helped the participants move to a satisfactory outcome.	1	2	3	4	5	6	7
16. I was satisfied with the facilitation process.	1	2	3	4	5	6	7
17. The facilitation will improve future IEP meetings.	1	2	3	4	5	6	7

SECTION B: About the Facilitator (self-assessment)

This set of statements will focus on your skills as a facilitator.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
18. It is important for a facilitator to be knowledgeable in the field of special education.	1	2	3	4	5	6	7
19. I am knowledgeable in the field of special education.	1	2	3	4	5	6	7
20. I explained the facilitation process thoroughly.	1	2	3	4	5	6	7
21. I was NOT impartial.	1	2	3	4	5	6	7
22. I understood all participants' viewpoints.	1	2	3	4	5	6	7
23. I was respectful to all participants .	1	2	3	4	5	6	7
24. I did not pressure any participants into agreeing with an IEP.	1	2	3	4	5	6	7
25. I created an environment in which the participants felt comfortable talking.	1	2	3	4	5	6	7
26. I utilized time adequately.	1	2	3	4	5	6	7
27. I was organized.	1	2	3	4	5	6	7
28. I did NOT keep the meeting focused.	1	2	3	4	5	6	7
29. The IEP facilitation training that I received was helpful in facilitating this case.	1	2	3	4	5	6	7
30. Additional training would have been useful in facilitating this meeting.	1	2	3	4	5	6	7

If so, describe:

31. Did the team develop an IEP in the facilitation process? (1/Y, 2/N, 3C)

___ 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 DID develop an IEP in the facilitation process (only fill this section out if the IEP team developed an IEP).

This next set of statements will focus on the possible reasons why an IEP was developed during the facilitated IEP process.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
32. Each participant appears to be satisfied with the IEP developed.	1	2	3	4	5	6	7
33. I believe that each participant will follow through with the IEP.	1	2	3	4	5	6	7
34. This was an appropriate case for facilitation.	1	2	3	4	5	6	7

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

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
35. I could have been more effective in facilitating this IEP meeting.	1	2	3	4	5	6	7
36. The participants were unwilling to negotiate.	1	2	3	4	5	6	7
37. Participants felt pressured to try a facilitated IEP.	1	2	3	4	5	6	7
38. The viewpoints of each participant was not respected.	1	2	3	4	5	6	7
39. There was concern that participants would not follow through with the IEP.	1	2	3	4	5	6	7
40. There is no acceptable outcome for this IEP.	1	2	3	4	5	6	7
41. The participants may decide to file for mediation.	1	2	3	4	5	6	7
42. The participants may decide to file for due process.	1	2	3	4	5	6	7
43. The case was not appropriate for facilitation.	1	2	3	4	5	6	7

Please add any additional comments: