

WSEMS# Mediator#
Wisconsin Special Education Mediation System
Mediator Reporting Form

Please help us evaluate the special education mediation system by answering the following questions and returning this form in the addressed stamped envelope that accompanies this questionnaire.

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 case or the mediator.

- I. Please check which persons were in attendance at the mediation
(1/Y, 2/N)

<input type="checkbox"/> Mother	<input type="checkbox"/> Attorney for Parents (Guardian, Adult Student)
<input type="checkbox"/> Father	<input type="checkbox"/> Attorney for School District
<input type="checkbox"/> Other family member	<input type="checkbox"/> Principal
<input type="checkbox"/> Advocate	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Director Pupil Services/Spec.Ed.	<input type="checkbox"/> Speech & Language Pathologist
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Student
<input type="checkbox"/> Regular Education Teacher	<input type="checkbox"/> Special Education Teacher
<input type="checkbox"/> District Administrator	
<input type="checkbox"/> Other(describe) _____	

2. Identify which disability(ies) were involved in this case (Place an **X** in the space in front of each disability involved in this case):

No disability has been identified
at this time (15)
 More than one disability has been identified (14)

Please check all that apply:

<input type="checkbox"/> Autism (1)	<input type="checkbox"/> Other Health Impaired (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"/> Visually Impaired (13)
<input type="checkbox"/> Orthopedic 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. Was this case settled BEFORE an actual session? YES NO (1Y,2N)
4. The number of mediation sessions used for this case was _____.
5. The average length of each mediation session was _____hrs _____mins.

6. For this case, I participated in telephone conferences (please check correct response)
 Constantly (1)___ Frequently (2)___ Often (3)___ Sometimes (4)___
 Rarely (5)___ Never (6)_____

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

8. Below is a list of concerns that often lead to conflict. Please identify the main reason(s) a mediation was requested. Place an **X** on the line next to the main concerns. (1/Y, 2/N)

- | | |
|---|---|
| <input type="checkbox"/> Extended school year (ESY) | <input type="checkbox"/> Dispute with a teacher or aide |
| <input type="checkbox"/> Denial of Free Appropriate Public Education (FAPE) | <input type="checkbox"/> Other personnel issues |
| <input type="checkbox"/> Transportation issues | <input type="checkbox"/> Related services |
| <input type="checkbox"/> Communication breakdown | <input type="checkbox"/> Request for an IEE |
| <input type="checkbox"/> Reimbursement for private school | <input type="checkbox"/> Transition from birth to three |
| <input type="checkbox"/> IEP Issues | <input type="checkbox"/> Transition from high school |
| <input type="checkbox"/> IEP not being followed | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Safety Issues |
| <input type="checkbox"/> Disagreement over identification | <input type="checkbox"/> Disagreement over accommodations |
| <input type="checkbox"/> Disagreement over placement | <input type="checkbox"/> Assistive technology |
| <input type="checkbox"/> Other(describe)_____ | <input type="checkbox"/> Behavior Intervention Plan |

9. If actions were initiated **BEFORE** mediation started, please complete the table below. **(If not, please skip to question 10).** For each action listed below, please 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(0)	Dismissal (1)	Amendment (2)	Unknown (3)	Process continuing (4)	Move to Mediation (5)
Due process						
Formal IDEA complaint						
Class Action lawsuit						
Individual lawsuit						
OCR complaint						
Facilitated IEP with WSEMS						
Resolution Meeting						
Other						
Unknown						

10. What was the outcome of the mediation?

- _____ Agreement reached(1)
- _____ Partial Agreement reached(2)
- _____ No agreement reached(3)

SECTION A: About the Mediation Process

This set of statements focuses on the mediation 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 mediation process.	1	2	3	4	5	6	7
12. It is important for each party to be a part of the decision-making process.	1	2	3	4	5	6	7
13. Mediation gave each party the opportunity to be a part of the decision making process.	1	2	3	4	5	6	7
14. Mediation gave each party time to fully describe their concerns.	1	2	3	4	5	6	7
15. Mediation resulted in a satisfactory resolution.	1	2	3	4	5	6	7
16. I was satisfied with the mediation process.	1	2	3	4	5	6	7

SECTION B: About the Mediator (self-assessment)

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

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
17. It is important for a mediator to be knowledgeable in the field of special education.	1	2	3	4	5	6	7
18. I am knowledgeable in the field of special education.	1	2	3	4	5	6	7
19. I explained the mediation process thoroughly.	1	2	3	4	5	6	7
20. I was NOT neutral.	1	2	3	4	5	6	7
21. I understood all parties' viewpoints.	1	2	3	4	5	6	7
22. I was respectful to all parties involved.	1	2	3	4	5	6	7
23. I did not pressure any parties into an agreement.	1	2	3	4	5	6	7
24. I created an environment in which the participants felt comfortable talking.	1	2	3	4	5	6	7
25. I utilized time adequately.	1	2	3	4	5	6	7
26. I was organized.	1	2	3	4	5	6	7
27. I did NOT keep the meeting focused.	1	2	3	4	5	6	7

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
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28. The special education mediator training that I received was helpful in mediating this case.

1	2	3	4	5	6	7
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29. Additional training or information would have been useful in mediating this case.

1	2	3	4	5	6	7
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If so, describe:

30. Was an agreement reached during the mediation process? (1y,2n)

 YES (**Go to SECTION C and SKIP SECTION D**)

 NO (**SKIP SECTION C and GO to SECTION D**)

SECTION C: About the Agreement (only fill this section out if an agreement was reached during the mediation process)

This next set of statements will focus on the agreement that was reached during the mediation process.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
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31. Each party appears to be satisfied with the agreement.

1	2	3	4	5	6	7
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32. I believe the agreement will resolve the problem brought to mediation.

1	2	3	4	5	6	7
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33. I believe that each party will follow through with the agreement.

1	2	3	4	5	6	7
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34. This was an appropriate case for mediation.

1	2	3	4	5	6	7
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SECTION D: Agreement NOT reached (Only fill this section out if an agreement was not reached during the mediation process)

This set of statements will focus on the possible reasons why an agreement could not be reached. (If an agreement was reached, please skip this section).

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
35. I could have been more effective in resolving this dispute.	1	2	3	4	5	6	7
36. The parties were unwilling to negotiate.	1	2	3	4	5	6	7
37. Parties felt pressured to attempt mediation.	1	2	3	4	5	6	7
38. The viewpoints of each party were not respected.	1	2	3	4	5	6	7
39. There was concern that parties would not follow through with the agreement.	1	2	3	4	5	6	7
40. There is no acceptable resolution to this problem.	1	2	3	4	5	6	7
41. The parties decided to take legal action.	1	2	3	4	5	6	7
42. The issues were not appropriate for mediation.	1	2	3	4	5	6	7

Please add any additional comments:

Thank you for completing this survey.

Mail or fax to:

WSEMS

Burns Mediation Services

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