

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

Please help us evaluate the Wisconsin Special Education Mediation System by answering the following questions and returning this form in the addressed, stamped envelope that accompanies this questionnaire or fax to the number on the last page. Non-identifying information is used for data collection as well as for training purposes. Thank you for your assistance.

I. Place an **X** in the space in front of each person who was in attendance at the facilitation: (1Y, 2N)

- |  |   |
|--|---|
| <input type="checkbox"/> Mother                        | <input type="checkbox"/> District/County Social Worker      |
| <input type="checkbox"/> Father                        | <input type="checkbox"/> Director Special Ed/Pupil Services |
| <input type="checkbox"/> Guardian                      | <input type="checkbox"/> Superintendent/District Admin      |
| <input type="checkbox"/> Other family member           | <input type="checkbox"/> Principal/Assistant Principal      |
| <input type="checkbox"/> Parent/Family Advocate        | <input type="checkbox"/> Occupational Therapist             |
| <input type="checkbox"/> Attorney for Family           | <input type="checkbox"/> Physical Therapist                 |
| <input type="checkbox"/> Attorney for School District  | <input type="checkbox"/> Speech and Language Path           |
| <input type="checkbox"/> Special Education Coordinator | <input type="checkbox"/> Special Education Teacher          |
| <input type="checkbox"/> School Psychologist           | <input type="checkbox"/> Student-under 18                   |
| <input type="checkbox"/> Regular Education Teacher     | <input type="checkbox"/> Student-over 18                    |

Other Describe \_\_\_\_\_

2. Place an **X** in the space in front of one choice below:

- No disability has been identified at this time (15)
- One or more than one disability has been identified (14)

**If you chose the second option, please place an X in the space in front of each disability involved (no more than 3).**

**Please check no more than three (3) 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"/> Orthopedic Impairment (4)                       |   |
| <input type="checkbox"/> Significant Developmental Delay (3-6 years) (5) |   |
| <input type="checkbox"/> Speech or Language Development (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\_\_\_\_\_.
5. Has this IEP team met previously about this IEP? \_\_\_ YES \_\_\_ NO (1Y, 2N)  
If yes, how many times? \_\_\_\_\_
6. 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)

**A. Subject Matter Issues**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| ___ Extended school year (ESY)       | ___ Teacher or aide issues           |
| ___ Eligibility Issues               | ___ Other personnel issues           |
| ___ Identification issues            | ___ Related services                 |
| ___ Placement issues                 | ___ Transportation issues            |
| ___ Request for an IEE               | ___ Evaluation/Testing issues        |
| ___ Transition from birth to three   | ___ Discipline                       |
| ___ Transition from high school      | ___ Safety issues                    |
| ___ Accommodation issues             | ___ Behavior Intervention Plan (BIP) |
| ___ Functional Behavioral Assessment | ___ Assistive technology             |
| ___ Other IEP Issues                 | ___ IEP not being followed           |

Describe:

\_\_\_ Other - Describe:

**B. What process issues were involved in the IEP facilitation? (1/Y, 2/N)**

- |  |  |
|--|--|
| ___ Overcoming a breakdown in communication  | ___ Managing time effectively                      |
| ___ Building an agenda   | ___ Providing an opportunity for everyone to speak |
| ___ Conducting the meeting   | ___ Maintaining forward movement                   |
| ___ Keeping the focus on the student   |  |
| ___ Helping the parties understand, if not necessarily agree with, each others' perspectives |  |

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

\_\_\_\_ IEP team successfully developed or revised the IEP in the facilitation process (1)

\_\_\_\_ IEP team did not develop or revise the IEP in the facilitation process (2)

\_\_\_\_ IEP process continuing without the facilitator (3)

\_\_\_\_ Scheduled a mediation (4)

\_\_\_\_ Participant(s) planning on taking further legal action other than mediation (5)

### 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
8. The participants fully understood the IEP facilitation process.	1	2	3	4	5	6	7
9. The process gave each participant the opportunity to be a part of the IEP meeting.	1	2	3	4	5	6	7
10. I was satisfied with the facilitation process.	1	2	3	4	5	6	7
11. 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
12. I explained the facilitation process thoroughly.	1	2	3	4	5	6	7
13. I was impartial.	1	2	3	4	5	6	7
14. I did not pressure any participants into agreeing with an IEP.	1	2	3	4	5	6	7
15. I created a comfortable environment.	1	2	3	4	5	6	7
16. I utilized time adequately.	1	2	3	4	5	6	7
17. I kept the meeting focused.	1	2	3	4	5	6	7
18. What additional training would have been useful in facilitating this meeting?							

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

YES (Go to SECTION C)

NO (GO to SECTION D)

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

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**SECTION C: The IEP team DID develop or revise an IEP in the facilitation process (only fill this section out if the IEP team developed an IEP).**

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
20. Each party appears to be satisfied with the IEP developed or revised.	1	2	3	4	5	6	7
21. I believe that each party will follow through with the IEP.	1	2	3	4	5	6	7
22. 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
23. I could have been more effective in facilitating this IEP meeting. Explain:	1	2	3	4	5	6	7
24. The participants were unwilling to negotiate.	1	2	3	4	5	6	7
25. There was concern that parties would not follow through with a new or revised IEP.	1	2	3	4	5	6	7
26. The participants will file for mediation.	1	2	3	4	5	6	7

27. The case was not  
appropriate for  
facilitation.

1

2

3

4

5

6

7

Please add any additional comments:

Thank you.

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