

WSEMS #

MEDIATOR#

Wisconsin Special Education Mediation System Post-Mediation **Participant 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 and one system partner who also serve as the system evaluator. The information will never be reported in a way that could identify the parties to this case.

Thank you for your assistance. The information that you offer is very important to us.

1. Your role (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Mother(1) | <input type="checkbox"/> Occupational Therapist(13) |
| <input type="checkbox"/> Father(2) | <input type="checkbox"/> Physical Therapist(14) |
| <input type="checkbox"/> Other family member(3) | <input type="checkbox"/> Speech & Language Pathologist(15) |
| <input type="checkbox"/> Advocate(4) | <input type="checkbox"/> Student (16) |
| <input type="checkbox"/> Social Worker(5) | <input type="checkbox"/> Special Education Teacher(17) |
| <input type="checkbox"/> Director of Pupil Services/Special Education (6) | |
| <input type="checkbox"/> School Psychologist(7) | |
| <input type="checkbox"/> Regular Education Teacher(8) | |
| <input type="checkbox"/> District Administrator(9) | |
| <input type="checkbox"/> Principal (10) | |
| <input type="checkbox"/> Adult Student (over 18 years old) (11) | |
| <input type="checkbox"/> Other(describe)(12) | |
-

2. Identify which disability(s) 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"/> Orthopedically Impairment (4) | |
| <input type="checkbox"/> Severe 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) | |

SECTION A: About the Mediation Process

This first set of statements focuses on the mediation 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
3.I understood the mediation process	1	2	3	4	5	6	7
4.Before the mediation meeting, I was given enough information about the mediation process.	1	2	3	4	5	6	7
5.It is important for me to be a part of the decision	1	2	3	4	5	6	7
6.Mediation gave me the opportunity to be part of the decision-making process.	1	2	3	4	5	6	7
7.At the mediation meeting, I was given time to fully describe my concerns.	1	2	3	4	5	6	7
8.I understood the other parties' viewpoint.	1	2	3	4	5	6	7
9.The mediation process provided a satisfactory outcome.	1	2	3	4	5	6	7
10.Overall, I was satisfied with the mediation process used in this case.	1	2	3	4	5	6	7
11.The other parties understood my viewpoint.	1	2	3	4	5	6	7
12.I would use the mediation process again to resolve a dispute.	1	2	3	4	5	6	7

SECTION B: About the Mediator (s)

This set of statements will focus on the person who acted as the mediator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
13.It is important that the mediator know a lot about special education.	1	2	3	4	5	6	7
14.The mediator did know a lot about special education.	1	2	3	4	5	6	7
15.The mediator explained the mediation process thoroughly.	1	2	3	4	5	6	7
16.The mediator was NOT neutral.	1	2	3	4	5	6	7
17.The mediator was respectful to all parties involved.	1	2	3	4	5	6	7
18.The mediator pressured me into an agreement.	1	2	3	4	5	6	7
19.The mediator created an environment in which I felt comfortable talking.	1	2	3	4	5	6	7
20.The mediator used time adequately.	1	2	3	4	5	6	7
21.The mediator was organized.	1	2	3	4	5	6	7
22.The mediator did NOT keep the meeting focused.	1	2	3	4	5	6	7
23.I would use this mediator again to help resolve a dispute.	1	2	3	4	5	6	7

Did you reach an agreement 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 you reached an agreement during the mediation process).

This next set of statements will focus on the agreement that you reached during the mediation process. (If you did not reach an agreement, please skip this section and proceed to SECTION D). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
24. I am satisfied with the agreement that I signed.	1	2	3	4	5	6	7
25. I think the agreement will help solve the problem that brought me to mediation.	1	2	3	4	5	6	7
26. I believe that the other parties will follow through with the agreement we made during mediation.	1	2	3	4	5	6	7
27. The outcome of the mediation was better than I expected.	1	2	3	4	5	6	7
28. The outcome of the mediation was worse than I expected.	1	2	3	4	5	6	7

SECTION D: Agreement not reached (Only fill this section out if you did not reach an agreement during the mediation process).

This set of statements will focus on the possible reasons why an agreement could not be reached. (If you reached an agreement, please skip this section). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
29.The mediator was ineffective.	1	2	3	4	5	6	7
30.The other parties' were unwilling to negotiate a resolution.	1	2	3	4	5	6	7
31.I felt pressured to make a decision.	1	2	3	4	5	6	7
32.My viewpoint was not respected.	1	2	3	4	5	6	7
33.I believe the other parties will not follow through with an agreement.	1	2	3	4	5	6	7
34.There is no acceptable resolution to this particular problem.	1	2	3	4	5	6	7
35.I plan to take legal action.	1	2	3	4	5	6	7
36.I was unwilling to negotiate a resolution.	1	2	3	4	5	6	7

Any Additional Comments:

Thank you for completing this survey.
 Return to:
 Wisconsin Special Education Mediation System
 Burns Mediation Services
 P.O. Box 107
 Hartland, WI 53029-0107
 FAX: 262-538-1348