

## Individualized Education Program (IEP) Facilitation Attorney/Parent Advocate 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.

**1. Your role: (Check one)**

- Attorney for School District (1)
- Attorney for Parent/Guardian/ Adult Student (2)
- Parent Advocate (3)

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

- Active participant (1)
- Advisor (2)
- Support Person (3)
- Other (4) (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, Slightly Disagree, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

Definition: The term “party” is being used to describe a client, parent being supported, and adult student being supported.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
3. I believe the party understood the facilitation process.	1	2	3	5	6	7
4. Facilitation provided the party with the opportunity to be a part of the IEP process.	1	2	3	5	6	7

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
5. Overall, I was satisfied with the facilitation of the IEP process.	1	2	3	5	6	7
6. I would encourage future parties to participate in a facilitated IEP.	1	2	3	5	6	7
7. This facilitation will improve future IEP meetings.	1	2	3	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 Agree	Slightly Disagree	Disagree	Strongly Disagree
8. The facilitator explained the facilitation process thoroughly.	1	2	3	5	6	7
9. The facilitator was impartial.	1	2	3	5	6	7
10. The facilitator did not try to pressure the party into agreeing with the team.	1	2	3	5	6	7
11. The facilitator created a comfortable environment.	1	2	3	5	6	7
12. The facilitator utilized time adequately.	1	2	3	5	6	7
13. The facilitator kept the meeting focused.	1	2	3	5	6	7
14. I would use this facilitator again.	1	2	3	5	6	7

15. Did the IEP team develop or revise an IEP at the facilitated meeting?

\_\_\_ Yes (GO to SECTION C)

\_\_\_ No (GO to SECTION D)

\_\_\_ The team is continuing the IEP process without a facilitator -  
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 Agree	Slightly Disagree	Disagree	Strongly Disagree
16. I believe the party was satisfied with the IEP the team developed.	1	2	3	5	6	7
17. The party believes the other participants will follow through with the IEP.	1	2	3	5	6	7
18. I believe the outcome of the facilitated IEP was better than the party had expected.	1	2	3	5	6	7
19. I believe a facilitated IEP process was helpful.	1	2	3	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	Slightly Disagree	Disagree	Strongly Disagree
20. The facilitator was ineffective.	1	2	3	5	6	7

Explain:

21. The other participant were unwilling to negotiate.	1	2	3	5	6	7
--	---	---	---	---	---	---

22. The party believes that the other participants would not follow through with a revised IEP.	1	2	3	5	6	7
---	---	---	---	---	---	---

Additional Comments:

Thank you.

Email to: [jane@wsems.us](mailto:jane@wsems.us) or mail to PO Box 829, Madison WI 53701

The Wisconsin Special Education Mediation System (WSEMS) is administered by Burns Mediation Services and receives funding through the WI Department of Public Instruction. By filling out and returning this form, the party agrees to such use, and understands that his/her name and other identifying information will remain confidential. WSEMS may desire to use anonymous case file information for the purpose of evaluating its services, designing future programs, and engaging in academic research, analysis and publication. WSEMS greatly appreciates the cooperation of all parties in its on-going goal of receiving feedback and using such feedback to continue to provide quality services to parents and districts

Copyright © 2010 WSEMS All rights reserved. This document was made possible by funding from the Wisconsin Department of Public Instruction (WDPI), IDEA grant number 2010-9907-17. Its content may be reprinted in whole or in part with credit to WDPI acknowledged. However, reproduction of this document in whole or in part for resale is not authorized.