

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 |
|
 | |
| <input type="checkbox"/> 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"/> Orthopedically Impaired (4) | |
| <input type="checkbox"/> Significant Developmental Delay (3-9 years) (5) | |
| <input type="checkbox"/> Speech or Language Impairment (6) | |
| <input type="checkbox"/> Intellectual Disability (8) | |
| <input type="checkbox"/> Hearing Impairment (9) | |

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 (1/Y, 2/N)
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

- | | |
|---|---|
| <input type="checkbox"/> Extended school year (ESY) | <input type="checkbox"/> Teacher or aide issues |
| <input type="checkbox"/> Eligibility Issues | <input type="checkbox"/> Other personnel issues |
| <input type="checkbox"/> Identification issues | <input type="checkbox"/> Related services |
| <input type="checkbox"/> Placement issues | <input type="checkbox"/> Transportation issues |
| <input type="checkbox"/> Request for an IEE | <input type="checkbox"/> Evaluation/Testing issues |
| <input type="checkbox"/> Transition from birth to three | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Transition from high school | <input type="checkbox"/> Safety issues |
| <input type="checkbox"/> Accommodation issues | <input type="checkbox"/> Behavior Intervention Plan (BIP) |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Assistive technology |
| <input type="checkbox"/> Other IEP Issues | <input type="checkbox"/> IEP not being followed |
| Describe: | <input type="checkbox"/> Literacy |
| | <input type="checkbox"/> Shortened School Day |
| <input type="checkbox"/> Other - Describe: | |

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

- | | |
|---|---|
| <input type="checkbox"/> Overcoming a breakdown in communication | <input type="checkbox"/> Managing time effectively |
| <input type="checkbox"/> Building an agenda | <input type="checkbox"/> Providing an opportunity for everyone to speak |
| <input type="checkbox"/> Conducting the meeting | <input type="checkbox"/> Maintaining forward movement |
| <input type="checkbox"/> Keeping the focus on the student | |
| <input type="checkbox"/> 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, Slightly Agree, 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	Slightly Disagree	Disagree	Strongly Disagree
8. The participants fully understood the IEP facilitation process.	1	2	3	5	6	7
9. The process gave each participant the opportunity to be a part of the IEP meeting.	1	2	3	5	6	7
10. I was satisfied with the facilitation process.	1	2	3	5	6	7
11. The facilitation will improve future IEP meetings.	1	2	3	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	Slightly Disagree	Disagree	Strongly Disagree
12. I explained the facilitation process thoroughly.	1	2	3	5	6	7
13. I was impartial.	1	2	3	5	6	7
14. I did not pressure any participants into agreeing with an IEP.	1	2	3	5	6	7
15. I created a comfortable environment.	1	2	3	5	6	7
16. I utilized time adequately.	1	2	3	5	6	7
17. I kept the meeting focused.	1	2	3	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**

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	Slightly Disagree	Disagree	Strongly Disagree
20. Each party appears to be satisfied with the IEP developed or revised.	1	2	3	5	6	7
21. I believe that each party will follow through with the IEP.	1	2	3	5	6	7
22. This was an appropriate case for facilitation.	1	2	3	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	Slightly Disagree	Disagree	Strongly Disagree
23. I could have been more effective in facilitating this IEP meeting.	1	2	3	5	6	7
24. The participants were unwilling to negotiate.	1	2	3	5	6	7
25. There was concern that parties would not follow through with a new or revised IEP.	1	2	3	5	6	7
26. The participants will file for mediation.	1	2	3	5	6	7
27. The case was not appropriate for facilitation.	1	2	3	5	6	7

Please add any additional comments:

Thank you.

Email to: 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

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