

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

2. Describe your primary role in this special education mediation (Check one)
 - Active participant (1)
 - Advisor (2)
 - Support Person (3)

SECTION A: About the Mediation Process

This set of statements focuses on the mediation 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 mediation process.	1	2	3	5	6	7
4. Mediation provided the party with the opportunity to be a part of the decision making process.	1	2	3	5	6	7
5. Overall, I was satisfied with the mediation process used in this case.	1	2	3	5	6	7
6. I would encourage future parties to participate in the mediation system.	1	2	3	5	6	7

SECTION B: About the Mediator (s)

This set of statements will focus on the person who acted as the mediator. (If you did not attend the mediation(s) please skip this section and proceed to SECTION C).

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
7. The mediator explained the mediation process thoroughly.	1	2	3	5	6	7
8. The mediator was impartial.	1	2	3	5	6	7
9. The mediator did not try to pressure the party into an agreement.	1	2	3	5	6	7
10. The mediator created a comfortable environment.	1	2	3	5	6	7
11. The mediator utilized time adequately.	1	2	3	5	6	7
12. The mediator kept the meeting focused.	1	2	3	5	6	7
13. I would use this mediator again to help resolve a dispute.	1	2	3	5	6	7
14. Was an agreement signed at the end of the mediation process? (1/Y,2/N)						
___Yes (GO to SECTION C and SKIP SECTION D)						
___No (SKIP SECTION C and GO to SECTION D)						

SECTION C: About the Agreement

This next set of statements will focus on the agreement that was reached during the mediation process. (If your client did not sign an agreement, please skip this section and proceed to SECTION D).

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
15. I believe the party was satisfied with the agreement reached.	1	2	3	5	6	7
16. I believe the agreement will resolve the dispute that brought the party to mediation.	1	2	3	5	6	7
17. The party believes the other parties will follow through with the agreement.	1	2	3	5	6	7
18. I believe the outcome of the mediation was better than the party expected.	1	2	3	5	6	7
19. I believe the outcome of the mediation is better than the probable outcome of a due process hearing.	1	2	3	5	6	7

Explain:

SECTION D: Agreement NOT Reached This set of statements will focus on the possible reasons why an agreement could not be reached. (If your client signed an agreement, please skip this section).

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
20. The mediator was ineffective. Explain:	1	2	3	5	6	7
21. The other parties were unwilling to negotiate a resolution.	1	2	3	5	6	7
22. The party believes that the other parties would not follow through with an agreement.	1	2	3	5	6	7

Any Additional Comments:

Thank you.

Email to: gia@wsems.us or mail to: Gia Pionek, 6650 W State Street, #D 168 Wauwatosa, WI 53213

The Wisconsin Special Education Mediation System (WSEMS) is administered by Gia Pionek and receives funding through the WI Department of Public Instruction. 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. 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 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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