

**Individualized Education Program (IEP) Facilitation  
PARTICIPANT 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 (please check one):

\_\_\_\_\_ Participating for the Family(1)

\_\_\_\_\_ Participating for the School District (2)

**SECTION A: About the Facilitation Process**

This first set of statements focuses on the facilitated IEP 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
2. I understood the IEP facilitation process.	1	2	3	4	5	6	7
3. Facilitation gave me the opportunity to be part of the IEP process.	1	2	3	4	5	6	7
4. Overall, I was satisfied with the facilitation process used in this IEP meeting.	1	2	3	4	5	6	7
5. I would use the facilitation process again.	1	2	3	4	5	6	7
6. This facilitation will improve future IEP meetings.	1	2	3	4	5	6	7

## SECTION B: About the Facilitator

This set of statements will focus on the person who acted as the facilitator.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
7. The facilitator explained the facilitation process thoroughly.	1	2	3	4	5	6	7
8. The facilitator was impartial.	1	2	3	4	5	6	7
9. The facilitator did not pressure me into agreeing with the IEP team.	1	2	3	4	5	6	7
10. The facilitator created a comfortable environment.	1	2	3	4	5	6	7
11. The facilitator used time adequately.	1	2	3	4	5	6	7
12. The facilitator kept the meeting focused.	1	2	3	4	5	6	7
13. I would use this facilitator again.	1	2	3	4	5	6	7
14. Did the team develop or revise an IEP in the facilitation process? (1/Y, 2/N, 3/C)							

**YES (GO to SECTION C and SKIP SECTION D)**

**NO (SKIP SECTION C and 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 developed or revised an IEP in the facilitation process.

This next set of statements will focus on the IEP that the team developed during facilitation process.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
15. I am satisfied with the IEP.	1	2	3	4	5	6	7
16. I believe that the other participants will follow through with the IEP.	1	2	3	4	5	6	7

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
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17. The outcome of the facilitation was better than I expected.

1	2	3	4	5	6	7
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**SECTION D: The IEP team did NOT develop an IEP in the facilitation process.** This set of statements will focus on the possible reasons why the IEP team could not agree.

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
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18. The facilitator was ineffective.

1	2	3	4	5	6	7
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Explain:

19. The other participants were unwilling to negotiate.

1	2	3	4	5	6	7
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20. I believe the other participants would NOT follow through with a revised IEP.

1	2	3	4	5	6	7
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Any Additional Comments:

Thank you.  
 Fax to: 262-538-1348 or Email to: jane@wsems.us