

**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):

\_\_\_\_\_ Parent or Guardian (3)

\_\_\_\_\_ Participating with the Family (for example, family other than parent or guardian) (1)

\_\_\_\_\_ Participating with 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, 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
2. I understood the IEP facilitation process.	1	2	3	5	6	7
3. Facilitation gave me the opportunity to be part of the IEP process.	1	2	3	5	6	7
4. Overall, I was satisfied with the facilitation process used in this IEP meeting.	1	2	3	5	6	7
5. I would use the facilitation process again.	1	2	3	5	6	7
6. 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.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
7. The facilitator explained the facilitation process thoroughly.	1	2	3	5	6	7
8. The facilitator was impartial.	1	2	3	5	6	7
9. The facilitator did not pressure	1	2	3	5	6	7

me into agreeing with the IEP team.						
	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
10. The facilitator created a comfortable environment.	1	2	3	5	6	7
11. The facilitator used time adequately.	1	2	3	5	6	7
12. The facilitator kept the meeting focused.	1	2	3	5	6	7
13. I would use this facilitator again.	1	2	3	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

**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	Slightly Disagree	Disagree	Strongly Disagree
15. I am satisfied with the IEP.	1	2	3	5	6	7
16. I believe the other participants will follow through with the IEP.	1	2	3	5	6	7
17. The outcome of the facilitation was better than I expected.	1	2	3	5	6	7

**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	Slightly Disagree	Disagree	Strongly Disagree
18. The facilitator was ineffective.	1	2	3	5	6	7
Explain:						

WSEMS Case#: \_\_\_\_\_  
 Facilitator #: \_\_\_\_\_

19. The other participants were unwilling to negotiate.	1	2	3	5	6	7
	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
20. I believe the other participants would NOT follow through with a revised IEP.	1	2	3	5	6	7

**SECTION E: Demographic information.** The following question is voluntary and will be used for research purposes only. All information is anonymous and will not affect the mediation process.

21. Did you request the facilitated IEP meeting? \_\_\_Yes \_\_\_No

How would you describe yourself:

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Two or More Races                         |
| <input type="checkbox"/> Hispanic/Latino                   | <input type="checkbox"/> Prefer not to answer                      |

Additional Comments:

Thank you.

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

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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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