

**Idaho State Department of Education
Facilitator Self-Evaluation Form**

Facilitator: _____ Student: _____

School Representative: _____

Address: _____ Phone: _____

District Name and #: _____

Summary of Issue(s) Facilitated: _____

Please evaluate yourself for this facilitation on the following 1 to 5 scale:

	<u>Low</u>	<u>High</u>
1. Educated the parties about the facilitation process.	1	5
2. Established ground rules for everyone to follow.	1	5
3. Guided the process.	1	5
4. Gave each party ample time to present their views.	1	5
5. Clarified issues of law and regulation.	1	5
6. Rephrased and or summarized information.	1	5
7. Demonstrated impartiality throughout the session.	1	5
8. All issues were adequately addressed.	1	5
9. The results of this meeting were positive.	1	5
10. The overall rating of your performance:	1	5

**We invite you to make additional comments on the back of this form.
All materials will be handled in a confidential manner.**

Mail to: Dispute Resolution Coordinator
State Department of Education, Special Education
PO Box 83720
Boise, ID 83720-0027