



**PARTICIPANT'S EVALUATION OF FACILITATED IEP**

Date of Facilitated IEP: \_\_\_\_\_

School District: \_\_\_\_\_ Name of IEP Facilitator: \_\_\_\_\_

Please Identify Your Role: (check  $\checkmark$ )

- |   |  |
|---|--|
| <input type="checkbox"/> Parent/Family Member | <input type="checkbox"/> General Education Teacher |
| <input type="checkbox"/> Administrator        | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Advocate             | <input type="checkbox"/> Other _____               |

The Ohio Department of Education is asking for your assistance in completing this form to gain your perspectives regarding the Facilitated IEP you just attended. This questionnaire will help ODE determine the effectiveness of this process in assisting you with developing a mutually-acceptable IEP. Your responses to the questions will remain confidential.

***The following questions relate to the Facilitated IEP Session:***

1. What was the outcome of the Facilitated IEP? Please check one:
  - Agreement on all issues – IEP completed and signed
  - Agreement on some but not all issues
  - No agreement on any issues in the IEP
  
2. Did you have sufficient time to relate your issues and concerns during the Facilitated IEP? Please check one:
  - Had full opportunity to relate issues and concerns
  - Had some opportunity to relate issues and concerns
  - Had no opportunity to relate issues and concerns
  
3. If you reached agreement on the IEP, do you feel you had an appropriate level of input in determining the content of the IEP? Please check one:
  - Yes                       No
  
4. When you compare your situation before and after the Facilitated IEP, how would you say the Facilitated IEP affected the relationship between the family and the school? Please check one:
  - The IEP Facilitation improved the relationship
  - The IEP Facilitation had little or no effect
  - The IEP Facilitation negatively impacted the relationship

5. Did the Facilitated IEP experience provide strategies for use in future IEP meetings? Please check one:
- Yes  No

*The following questions focus on the role of the IEP Facilitator:*

6. How well did the facilitator listen to and understand your concerns? Please check one:  Listened and understood fully  
 Partially listened and understood  
 Did not listen or understand
7. How well did the facilitator assist with ensuring that you were heard and understood at the IEP session? Please check one:  
 The facilitator assisted greatly  
 The facilitator assisted somewhat  
 The facilitator did not assist
8. How did you feel about the impartiality of the facilitator? Please check one:  
 The facilitator was neutral and favored neither party  
 The facilitator favored the school  
 The facilitator favored the family
9. How skilled was the facilitator in helping you to generate and consider options for resolving disputes related to the IEP? Please check one:  
 Very skilled  
 Somewhat skilled  
 Not at all skilled

*The following questions relate to your satisfaction with the Facilitated IEP process.*

10. How satisfied are you with the outcome of the Facilitated IEP? Please check one:  
 Very satisfied  
 Somewhat satisfied  
 Somewhat dissatisfied  
 Very dissatisfied
11. Did the Facilitated IEP process prevent the need for other likely means of resolving this matter (e.g. mediation, due process hearing, formal complaint)? Please check one:  
 Yes  No

12. Would you recommend this process to others? Please check one:

Yes       No

13. Please provide any suggestions for the improvement of this process.

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