

### Participant Evaluation of a Facilitated IEP/IFSP/IIP Meeting

*Thank you for participating in a facilitated IEP meeting. Please help us evaluate and improve our service. Your participation is voluntary and there is no consequence if you choose not to complete the survey. Your answers will be shared only with the facilitator. A summary of everyone's answers will be used to improve the program.*

**Note:** All reference to an Individual Education Plan (IEP) in this evaluation include the Individual Interagency Intervention Plan (IIIP) and the Individual Family Service Plan (IFSP)

1. Case Number: \_\_\_\_\_

2. Participant:    \_\_\_ Parent        \_\_\_ Student        \_\_\_ Other, please specify \_\_\_\_\_

3. Had you participated in a facilitated IEP meeting before today? (Please Circle One).    Yes    No

4. What led to the request for an outside facilitator? (Select ALL that apply).

\_\_\_ Adequacy of services

\_\_\_ Needed neutral third party to help keep meeting scheduled

\_\_\_ Current placement concerns

\_\_\_ Needed neutral third party to manage communication among team members

\_\_\_ Disagreement on the student's needs

\_\_\_ Team members not considering others' viewpoints

\_\_\_ Funding concerns

\_\_\_ Team members not listening to each other

\_\_\_ History of intense emotions among team members

\_\_\_ Personality conflicts

\_\_\_ Interagency disagreements

\_\_\_ Provision of school policies

\_\_\_ Issues were extremely complex

\_\_\_ Staff availability problems

\_\_\_ Lack of trust among team members

\_\_\_ Staff licensure problems

\_\_\_ Other, Please Specify \_\_\_\_\_

5. Overall, how satisfied were you with the facilitated IEP meeting? (Please Circle One).

Completely

Mostly

Somewhat

Not at all

6. Did the facilitator explain the IEP process? (Please Circle One).      Yes    No    Not applicable

7. Please select the rating that best describes your thoughts about each question:

1. Completely    2. Mostly    3. Somewhat    4. Not at all    5. Not Applicable

\_\_\_\_\_ Did the facilitator keep the focus on developing an acceptable IEP?

\_\_\_\_\_ Did the facilitator make it easy to share information?

\_\_\_\_\_ Did the facilitator assist the parent(s) and the school personnel to resolve disagreements?



8. What were the results of the facilitated IEP meeting? (Select ONE).

\_\_\_\_\_ IEP written; approved by parent (*skip to question 12*)

\_\_\_\_\_ Agreement on content of IEP; waiting for final parent approval (*skip to question 9*)

\_\_\_\_\_ Partial agreement on an IEP (*skip to question 11*)

\_\_\_\_\_ No agreement on IEP



9. Why do you think this meeting ended without a written IEP? (Select ALL that apply).

\_\_\_\_\_ A written IEP was not the purpose of this session      \_\_\_\_\_ Needed time to review proposals

\_\_\_\_\_ Different understanding of student's needs      \_\_\_\_\_ Team members not listening to each other

\_\_\_\_\_ Facilitator did not keep the participants on schedule      \_\_\_\_\_ Team members wanted time to ensure compliance with state and federal law

\_\_\_\_\_ Disagreement regarding school district's legal obligations      \_\_\_\_\_ Team members wanted time to explore more service options

\_\_\_\_\_ Emotions too high      \_\_\_\_\_ Team members wanted time to explore placement options

\_\_\_\_\_ Lack of acceptable options to resolve issues      \_\_\_\_\_ Team members wanted time to talk to others

\_\_\_\_\_ Lack of trust among team members      \_\_\_\_\_ Session was too short

\_\_\_\_\_ Misunderstandings continued among team members      \_\_\_\_\_ Other, please specify \_\_\_\_\_

\_\_\_\_\_

*After completing this question, skip to question 11.*

10. Why do you think this meeting ended without an approved IEP? (Select ALL that apply).

- Parent wanted time to review final language       Session was too short  
 Parent wanted time to talk to others       Other, please specify \_\_\_\_\_

\_\_\_\_\_



11. If the IEP was not approved at the meeting, do you believe it will be approved within fourteen calendar days? (Please Circle One)... Yes    No    *If no, please explain.*

\_\_\_\_\_



12. Were there agreements reached other than an IEP? (Select ALL that apply).

- No other agreements reached       Extended school year services (ESY)  
 Assistive technology plan       Implementation of IEP  
 Behavior intervention plan       Placement  
 Evaluation plan or review       Transition plan to new school  
 Other, please specify \_\_\_\_\_



13. BEFORE participating in this FIEP meeting, I felt ... (To complete this sentence, select ALL that apply).

- Angry       Nervous  
 Calm       Overwhelmed  
 Empowered       Part of the team  
 Excited       Powerless  
 Frustrated       Respected  
 Grateful       Supported  
 Hopeful       Tense  
 Hurt       Unsure  
 Involved       Other, Please Specify \_\_\_\_\_

14. AFTER participating in this FIEP meeting, I felt... (To complete this sentence, select ALL that apply).

- Angry       Nervous  
 Calm       Overwhelmed  
 Empowered       Part of the team  
 Excited       Powerless  
 Frustrated       Respected  
 Grateful       Supported  
 Hopeful       Tense  
 Hurt       Unsure  
 Involved       Other, Please Specify \_\_\_\_\_



15. Did team members' communication improve during the facilitated IEP? (Please Circle One).

Yes                  No                  Communication didn't need to improve                  Don't know



16. Do you think the facilitated IEP meeting will result in an improved relationship between parent(s) and school personnel in the future? (Please Circle One).

Yes                  No                  Don't know



17. Do you think the facilitated IEP meeting will help team members be more effective in addressing the student's needs? (Please Circle One).

Yes                  No                  Don't know



18. Considering your facilitated IEP meeting experience, what did you LIKE? (Select ALL that apply).

\_\_\_ Cooperation increased among team member

\_\_\_ Felt heard and understood by the facilitator

\_\_\_ Enough time was scheduled to fully discuss concerns

\_\_\_ Felt heard and understood by team members

\_\_\_ Experienced an increase in respect among team members

\_\_\_ Meeting generated an increased level of trust among team members

\_\_\_ Facilitator encouraged team to make Decisions

\_\_\_ Worked together as equal members of the team

\_\_\_ Facilitator kept meeting on schedule

\_\_\_ Other, Please Specify \_\_\_\_\_

\_\_\_ Facilitator was impartial

\_\_\_\_\_

19. Considering your facilitated IEP meeting experience, what did you NOT LIKE? (Select ALL that apply).

\_\_\_ Did not feel heard and understood by facilitator

\_\_\_ Lack of respect among team members

\_\_\_ Did not feel heard and understood by other team members

\_\_\_ Meeting was too long

\_\_\_ Facilitator did not keep meeting on schedule

\_\_\_ Meeting was too short

\_\_\_ High tension

\_\_\_ No IEP written

\_\_\_ Lack of acceptable options for placement

\_\_\_ Scheduled during work time

\_\_\_ Lack of acceptable options for services

\_\_\_ Team members unable to agree

\_\_\_ Other, please specify \_\_\_\_\_



20. Would you participate in an IEP meeting with a neutral facilitator again? Yes No

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

21. Would you recommend a neutral IEP facilitator to others? Yes No

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_



22. How satisfied were you in communicating with the office staff for our Alternative Dispute Resolution (ADR) Services? (Please Circle One).

Very satisfied      Satisfied      Partially satisfied      Not satisfied

23. How could we be more helpful? \_\_\_\_\_  
\_\_\_\_\_

24. Do you have suggestions for improving ADR services? \_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking time to evaluate our special education ADR Services and your facilitated IEP meeting process. We appreciate your assistance.*