



## Facilitated Individualized Education Program (FIEP) Evaluation Form

1. FIEP Case : \_\_\_\_\_ Date of FIEP: \_\_\_\_\_
2. Participant: \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_ County Representative \_\_\_\_\_ Facilitator
3. Is this the first FIEP Team meeting you have participated in? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

4. What issues led to the request for a Facilitated IEP Team meeting?  
\_\_\_\_\_ Identification/Reevaluation \_\_\_\_\_ Independent Educational Evaluation \_\_\_\_\_ Placement  
\_\_\_\_\_ Goals and/or Objectives \_\_\_\_\_ Discipline/Behavior \_\_\_\_\_ Related Services  
\_\_\_\_\_ Present Levels of Educational Performance \_\_\_\_\_ Transition  
\_\_\_\_\_ Accommodations/Modifications \_\_\_\_\_ Extended School Year (ESY) Services  
\_\_\_\_\_ Implementation of IEP \_\_\_\_\_ Progress Reporting \_\_\_\_\_ Assistive Technology  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_
5. Overall, how satisfied were you with the Facilitated IEP Team meeting?  
\_\_\_\_\_ Completely \_\_\_\_\_ Mostly \_\_\_\_\_ Somewhat \_\_\_\_\_ Not at all
6. Did someone explain the FIEP process? (Please Check One).  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable
7. Please select the rating which best describes your thoughts about each question:  
a.) Completely b.) Mostly c.) Somewhat d.) Not at all e.) Not Applicable  
\_\_\_\_\_ Was the focus on developing an acceptable IEP?  
\_\_\_\_\_ Was is it easy to share information?  
\_\_\_\_\_ Was the IEP Team able to reach consensus?
8. What were the results of the Facilitated IEP Team meeting? (Select ONE).  
\_\_\_\_\_ Agreement reached on IEP. (ADVANCE to Question 11)  
\_\_\_\_\_ No agreement reached on IEP.

9. If the Facilitated IEP Team meeting ended without a written IEP, indicate why you think this occurred: (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.
  - Facilitator did not keep the participants focused.
  - Team members not listening to each other.
  - Team members wanted time to ensure compliance with state and federal law.
  - Team members wanted time to explore more service options.
  - Team members wanted time to explore placement options.
  - Team members wanted time to talk to others.
  - Disagreement regarding school district's legal obligations.
  - Lack of acceptable options to resolve issues.
  - Lack of trust among team members.  Session was too short.
  - Emotions too high.  Misunderstandings continued among team members.
  - Other, please specify \_\_\_\_\_

10. Were specific agreements reached within the FIEP Team meeting?  
(Select all that apply).
- |  |  |
|--|--|
| <input type="checkbox"/> No other agreements reached         | <input type="checkbox"/> Assistive Technology plan               |
| <input type="checkbox"/> Extended school year services (ESY) | <input type="checkbox"/> Placement/Least Restrictive Environment |
| <input type="checkbox"/> Service Delivery                    | <input type="checkbox"/> Behavior Intervention Plan              |
| <input type="checkbox"/> Evaluation plan or review           | <input type="checkbox"/> Transition                              |
| <input type="checkbox"/> Accommodations and modifications    | <input type="checkbox"/> Service Plan                            |
| <input type="checkbox"/> Transportation                      | <input type="checkbox"/> Related Services _____                  |
| <input type="checkbox"/> Other, please specify _____         |  |

11. **BEFORE** participating in this FIEP Team meeting, I felt ... (Select all that apply)
- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Angry                       | <input type="checkbox"/> Calm      | <input type="checkbox"/> Nervous          |
| <input type="checkbox"/> Overwhelmed                 | <input type="checkbox"/> Empowered | <input type="checkbox"/> Part of the team |
| <input type="checkbox"/> Excited                     | <input type="checkbox"/> Powerless | <input type="checkbox"/> Frustrated       |
| <input type="checkbox"/> Respected                   | <input type="checkbox"/> Grateful  | <input type="checkbox"/> Supported        |
| <input type="checkbox"/> Hopeful                     | <input type="checkbox"/> Tense     | <input type="checkbox"/> Hurt             |
| <input type="checkbox"/> Unsure                      | <input type="checkbox"/> Involved  | <input type="checkbox"/> Confused         |
| <input type="checkbox"/> Other, Please Specify _____ |                                    |   |

12. **AFTER** participating in this FIEP Team meeting, I felt... (Select all that apply).
- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Angry                       | <input type="checkbox"/> Calm      | <input type="checkbox"/> Nervous          |
| <input type="checkbox"/> Overwhelmed                 | <input type="checkbox"/> Empowered | <input type="checkbox"/> Part of the team |
| <input type="checkbox"/> Excited                     | <input type="checkbox"/> Powerless | <input type="checkbox"/> Frustrated       |
| <input type="checkbox"/> Respected                   | <input type="checkbox"/> Grateful  | <input type="checkbox"/> Supported        |
| <input type="checkbox"/> Hopeful                     | <input type="checkbox"/> Tense     | <input type="checkbox"/> Hurt             |
| <input type="checkbox"/> Unsure                      | <input type="checkbox"/> Involved  | <input type="checkbox"/> Confused         |
| <input type="checkbox"/> Other, Please Specify _____ |                                    |   |

13. Do you think the Facilitated IEP Team meeting will result in an improved relationship between the parent(s) and school personnel in the future? (Select one)  
 Yes     No     Not sure

14. Do you think the Facilitated IEP Team meeting will help team members be more effective in addressing the student's needs? (Select One)  
 Yes     No     Not sure

15. Considering your Facilitated IEP Team meeting experience, what did you LIKE?  
(Select all that apply).

- Cooperation increased among team members
- Felt heard and understood by the Facilitator
- Enough time was scheduled to fully discuss concerns
- Felt heard and understood by IEP 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
- Facilitator was impartial
- IEP Team meeting remained focused on the student's needs.
- Other, please specify \_\_\_\_\_

16. Considering your Facilitated IEP Team meeting experience, what did you NOT LIKE?  
(Select all that apply).

- Meeting was too long
- Meeting was too short
- High tension
- Team members unable to agree
- No IEP written
- Scheduled during work time
- Facilitator did not keep meeting on schedule
- Did not feel heard and understood by Facilitator
- Did not feel heard and understood by other Team members
- Lack of respect among Team members
- Lack of acceptable options for services
- Lack of acceptable options for placement
- IEP Team meeting was not focused on the student's needs.
- Other, please specify \_\_\_\_\_

17. Would you participate in an IEP Team meeting with a neutral facilitator again?  
 Yes     No If no, please explain.

18. Would you recommend a Facilitated IEP Team meeting to others?     \_\_\_Yes \_\_\_No  
If no, please explain.

19. How satisfied are you when communicating with the WVDE, Office of Special Education for Dispute Resolution services?  
\_\_\_Very Satisfied    \_\_\_Satisfied    \_\_\_Partially Satisfied    \_\_\_Not Satisfied    \_\_\_NA

20. How can the WVDE, Office of Special Education be more helpful?

21. If you have suggestions for improving the WVDE, Office of Special Education, Dispute Resolutions services, please state them here.

If you would like someone from the WVDE, Office of Special Education to contact you to talk about this evaluation, please provide your name and contact information.

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Please mail the completed form to:

**West Virginia Department of Education  
Office of Special Education  
Building 6, Room 330  
1900 Kanawha Blvd., East  
Charleston, WV 25305**

*Thank you for taking time to evaluate the WVDE, Office of Special Education Dispute Resolution Services and the Facilitated IEP Team meeting process.  
We appreciate your assistance.*