

# COMBINED FACILITATOR SELF-EVALUATION AND FACILITATION SUMMARY FORM

In an effort to collect necessary data and to provide required oversight over dispute resolution process, this form must be completed following your facilitation, as per your contract. Be advised that reimbursement for services may be delayed if this form is not received.

## Facilitator Summary

<<CASE NUMBER>>

<<DISTRICT NAME>> School District #<<DISTRICT #>> / <<PARENT LAST NAME>>

Facilitator Name:	
Date(s) of Facilitation:	
Major Issues Facilitated:	
Agreement	<input type="checkbox"/> Agreement not reached <input type="checkbox"/> Agreement reached on some, but not all major issues <input type="checkbox"/> Agreement reached on all major issues <input type="checkbox"/> Other (explain):
Level of Contentiousness	<input type="checkbox"/> Very high conflict; required continual use of advanced conflict management skills <input type="checkbox"/> High conflict; occasionally required use of advanced conflict management skills <input type="checkbox"/> Average amount of conflict; required facilitation and communication skills to keep process moving forward <input type="checkbox"/> Little or no conflict; facilitator skills used intermittently  COMMENTS:
Relationship Dynamics	<input type="checkbox"/> Relationship between parent and school is significantly damaged; they have a strained or non-functioning working relationship. <input type="checkbox"/> Relationship between parent and school is fragile and uncertain; likely further SDE intervention will occur. <input type="checkbox"/> Relationship between parent and school is workable, although tentatively so. <input type="checkbox"/> Relationship seems to have improved and team seems likely to be able to work together in the future. <input type="checkbox"/> Parent and district displayed trust marked by positive interactions; high expectation for sustainable working relationship.  COMMENTS: