

<h2 style="margin: 0;">Facilitated IEP Project</h2> <h3 style="margin: 0;"><i>Feedback Form</i></h3>
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Student's Name: _____

School: _____

Participant's Name: _____

School District/Agency: _____

Date: _____

Instructions: Please use the provided statements and scale to offer feedback about today's meeting. There are no right or wrong answers and your feedback is confidential.	Strongly Agree	Agree	Disagree	Strongly Disagree	COMMENTS								
1. Room: The room was comfortable and private. Seating was arranged so that I felt equal to other participants.													
2. Participants: The right people were at the meeting or were easily available. Greetings and introductions were friendly. Nametags or nameplates helped me remember who everybody was.													
3. Materials: I received the information I needed to participate and was able to come prepared to the meeting.													
4. The IEP: I understood the purpose and goals of the IEP meeting and felt that I contributed to writing the IEP.													
5. Decisions: The decisions made in the IEP were clear to me. I am committed to supporting these decisions and understand how and when they will be carried out and reviewed.													
6. Rights: I felt that my rights and the rights of others were protected.													
7. Meeting Format: I liked the way the group gathered information and made decisions. The meeting was organized, efficient, and productive.													
8. Communication: I felt comfortable sharing my thoughts. People asked good questions, summarized what I said and avoided words (jargon) not everyone understood.													
9. Feedback: I liked using this form to provide meeting feedback and believe that this type of meeting feedback can be an important part of improving IEPs.													
10. Roles & Responsibilities: I felt that everyone shared responsibilities and played a role in the meeting. No one person dominated the meeting.													
11. Ideas & Opinions: The group was comfortable hearing different viewpoints and I felt comfortable expressing my ideas.													
12. Facilitator: The facilitator kept the group focused and the meeting moving forward.													
13. Please circle (only one) your primary role in this IEP meeting. <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Parent or Guardian</td> <td style="width: 25%;">Special Education Teacher</td> <td style="width: 25%;">General Education Teacher</td> <td style="width: 25%;">Advocate</td> </tr> <tr> <td>Student</td> <td>Special Education Supervisor</td> <td>Psychologist</td> <td>Other: _____</td> </tr> </table>						Parent or Guardian	Special Education Teacher	General Education Teacher	Advocate	Student	Special Education Supervisor	Psychologist	Other: _____
Parent or Guardian	Special Education Teacher	General Education Teacher	Advocate										
Student	Special Education Supervisor	Psychologist	Other: _____										
14. Please place the completed form in the envelope provided, seal the envelope and hand it to the facilitator. You may also mail/fax the completed form to the Facilitation Coordinator at the OEC.													