



Georgia Department of Education

Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

IEP FACILITATION EVALUATION FY 2016

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|---|--|----------|--------------------------|
| Date of IEP Facilitation: | School District: | Case No. | Name of IEP Facilitator: |
| Please identify your role: | | | |
| <input type="checkbox"/> Parent/Family Member | <input type="checkbox"/> General Education Teacher | | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Special Education Teacher | | |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Local Educational Agency (LEA) representative | | |
| <input type="checkbox"/> Advocate/Attorney | <input type="checkbox"/> Other _____ | | |

The Dispute Resolution Unit of the Georgia Department of Education’s Division for Special Education Services and Supports is asking for your assistance in completing this form to gain your perspectives regarding the Facilitated IEP Team meeting you just attended. This evaluation will help us 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 IEP Team Meeting Facilitation.

1. What was the outcome of the IEP Facilitation? Please check one:

- Consensus on all issues
- Consensus on some but not all issues
- No consensus on any issues in the IEP

2. Did you have sufficient time to express your issues and concerns during the IEP Facilitation? Please check one:

- Had full opportunity to express issues and concerns
- Had some opportunity to express issues and concerns
- Had no opportunity to express issues and concerns

3. If you reached consensus on the IEP, do you feel that you had an appropriate level of input in determining the content of the IEP? Please check one:

- Yes
- No

4. When you compare the situation before and after the IEP Facilitation, how would you say the IEP Facilitation affected the relationship between the family and the school? Please check one:

- The IEP Facilitation has improved the relationship
- The IEP Facilitation has had little or no effect on the relationship
- The IEP Facilitation has harmed the relationship

5. Did the IEP Facilitation experience provide strategies that can be utilized in future IEP Team meetings? Please check one:

- Yes
- No

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

6. How well did the IEP Facilitator listen to and understand your concerns? Please check one:

- Listened and understood fully
- Partially listened and understood
- Did not listen or understand



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7. How well did the IEP Facilitator assist with ensuring that you were heard and understood at the IEP facilitation session? Please check one:

- The IEP Facilitator assisted greatly
- The IEP Facilitator assisted somewhat
- The IEP Facilitator did not assist

8. How did you feel about the impartiality of the IEP Facilitator? Please check one:

- The IEP Facilitator was neutral and favored neither party
- The IEP Facilitator favored the school
- The IEP Facilitator favored the family

9. How helpful was the IEP Facilitator in facilitating discussion to generate and consider options for resolving disputes related to the IEP? Please check one:

- Very helpful
- Somewhat helpful
- Not at all helpful

10. Please indicate the facilitation skills that the facilitator utilized during the IEP Team meeting? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Facilitated Introductions | <input type="checkbox"/> Made Sure all Members were Heard |
| <input type="checkbox"/> Clarified or Stated Agenda | <input type="checkbox"/> Dealt with Group Conflict |
| <input type="checkbox"/> Established Ground Rules/Group Norms | <input type="checkbox"/> Accomplished Meeting Agenda |
| <input type="checkbox"/> Used Positive Communication Strategies | <input type="checkbox"/> Summarized or Wrapped up Meeting |
| <input type="checkbox"/> Maintained Focus on Student Needs | <input type="checkbox"/> Assisted with Developing an Action Plan |
| <input type="checkbox"/> Managed Group Interactions | <input type="checkbox"/> Other: _____ |

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

11. How satisfied are you with the outcome of the IEP Facilitation? Please check one:

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

12. Did the IEP Facilitation process prevent the need for other means of resolving disputes related to the IEP (e.g. mediation, formal written complaint, due process hearing)? Please check one:

- Yes
- No

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

- Yes
- No

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