

POST FACILITATED IEP EVALUATION (PARTICIPANTS)

Please take a few minutes to complete this survey. Please include the name of your facilitator, your title/role in the meeting (e.g. parent, teacher, director, advocate, attorney, etc.) and the date and starting time of the meeting.

Facilitator: _____

Your Title/Role: _____

Date of FIEP meeting: _____

Meeting start/end time: _____

To what extent do you agree or disagree with the following statements:

		Strongly Agree	Disagree	Neutral	Agree	Strongly Agree	N/A
1	I received information prior to the FIEP that helped me prepare for the meeting.						
2	The facilitator explained the FIEP process and his/her role as facilitator.						
3	The facilitator kept the meeting focused on the child's needs.						
4	The facilitator was impartial during the meeting.						
5	The facilitator guided the development of the IEP in an organized way.						
6	All participants had input into the FIEP process.						
7	The issues/concerns that were present prior to the FIEP meeting were discussed in the meeting.						
8	The issues/concerns that were present prior to the FIEP meeting were resolved during the meeting.						
9	The presence of the facilitator was helpful in developing the IEP.						
10	School staff members better understand the family's views and perspectives following the FIEP (school staff only).						
11	The family better understands school staff members views and perspectives following the FIEP (family members only).						
12	Relationships between school staff and the family are more positive following the FIEP.						
13	It will be easier to develop future IEPs after participating in the FIEP meeting.						
14	Participation in the FIEP will reduce the likelihood that dispute resolution options (mediation, complaint, due process hearing) will be needed to resolve disagreements about the child's program.						
15	I would recommend the FIEP process to others.						
16	other comments/ suggestions:						