Special Education Mediation Services
Working Together for Student Achievement in Michigan

Participant Evaluation for SEMS Facilitated Meeting

1. Date of Session
2. Type of meeting
3. School or ISD
4. My Role
    a. Parent/Guardian
    b. Student
    c. Local District Staff
    d. ISD Staff
    e. Advocate
    f. Attorney for District
    g. Attorney for Family
    h. Other
5. Please indicate your agreement with the following statement
    a. The Facilitator was neutral and did not take sides
        i. Strongly agree
        ii. Agree
        iii. Neutral
        iv. Disagree
        v. Strongly disagree
    b. The facilitator helped us stay focused on the student's needs
        i. Strongly agree
        ii. Agree
        iii. Neutral
        iv. Disagree
        v. Strongly disagree
    c. The facilitator encouraged open communication and balanced participation.
        i. Strongly agree
        ii. Agree
        iii. Neutral
        iv. Disagree
        v. Strongly disagree
    d. The facilitator understood the process
        i. Strongly agree
        ii. Agree
        iii. Neutral
        iv. Disagree
        v. Strongly disagree

6. Was it helpful to have a facilitator at this meeting?
    a. Yes
    b. No
    c. Additional comments
7. Is there something the facilitator could have done differently?
8. Considering your recent experience with SEMS' facilitation, would you use this service?
    a. Yes
    b. No
    c. Additional Comments
9. What was your overall impression of SEMS' facilitation service?
10. If you have additional feedback about your recent experience, please email: info@mikids1st.org