

The Wisconsin Model: Evaluation in a Stakeholders-Designed System

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CADRE

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History of Special Education Mediation in Wisconsin

1996	Stakeholders' group formed
June, 1987	IDEA reauthorized; mediation is mandated as an option at state level
Dec., 1997	Wisconsin statute (115.797) signed by governor enacting
Dec., 1997- Aug., 1998	Wisconsin DPI administers mediation program
Aug., 1998- present	Independent agency administers mediation system (Marquette University Center for Dispute Resolution Education)
1998 - 2000	Narrative surveys used
2000-present	Quantitative surveys used
2004-present	IEP facilitation added as option to system
2005-present	Resolution session and facilitation added as an option to the system

Abbreviated Curriculum Vitae

Linda M. Samuel, Ph.D., O.T.R.
1395 South Bobolink Drive
Brookfield, Wisconsin 53005
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EMPLOYMENT HISTORY:

- July, 2002 – present** **Concordia University Wisconsin**
Mequon, WI 53097
Director – Radiological Technology Program
- August, 1995 - present** **Concordia University Wisconsin**
Mequon, Wisconsin 53097
Position: Associate Professor Occupational
Therapy
- December, 1999 - present** **Wisconsin Special Educational Mediation
System**
Marquette University
Milwaukee, WI 53201
Position: Researcher
- October, 1996 - December, 1998** **The Village At Manor Park**
Greenfield, WI 53228
Position: Physical Rehab. Occupational
Therapist, Part time
- October, 1989 - March, 1996** **Milwaukee County Mental Health Complex**
Day Hospital
Wauwatosa, Wisconsin 53226
Position: Psychiatric Occupational Therapist III
- March, 1993 - September, 1996** **The Shores Transitional Living and
Rehabilitation Institute**
Whitefish Bay, Wisconsin 53217
Position: Physical Rehab. Occupational
Therapist, Part time
- September - December, 1994** **University of Wisconsin of Milwaukee**
Position: Laboratory Instructor -Occupational
Therapy Advanced Psychosocial Practice Class

March, 1993 - September, 1993

Green Tree Rehabilitation Center

Whitefish Bay, Wisconsin 53217

Position: Consultant-Psychosocial Treatment Programming

May, 1985 - October, 1989

Milwaukee County Mental Health Complex

Day Hospital/Acute Adult Inpatient

Wauwatosa, Wisconsin 53226

Position: Occupational Therapist II
Day Treatment Area II Coordinator

August, 1984 - May, 1985

Milwaukee County Mental Health Complex

Geropsychiatry Respite Program/Acute Adult Inpatient

Wauwatosa, Wisconsin 53226

Position: Psychiatric Occupational Therapist I

May, 1987 - January, 1990

Ancillary Home Health Care

Milwaukee, Wisconsin 53226

Position: O.T. Department Coordinator &
Home Health Therapist

EDUCATION

Ph.D. Educational Psychology

Marquette University

May, 2001

M.S., Educational Psychology

University of Wisconsin - Milwaukee

School Psychology Program

December, 1993

B.S., Occupational Therapy

University of Wisconsin - Milwaukee

May, 1984

CLINICAL CERTIFICATION

June, 1997

Assessment of Motor and Process Skills (AMPS)

October, 1996

FIMS certified

PRESENTATION EXPERIENCE

- May, 2002** **American Occupational Therapy Conference**
30 minute presentation
Topic: Problem-based Learning and the Development of
Meta-cognition in Occupational Therapy Students
- April, 2002** **Concordia University – Nursing Program**
1 hour presentation
Topic: Stress Management
- October, 2001** **Wisconsin Occupational Therapy Conference**
1.5 hour presentation
Topic: Overview of OT Evaluations in Psychiatric Settings
- May, 2001** **Concordia University-Nursing Program**
1 hour presentation
Topic: Stress Management
- March, 2000** **Concordia University**
Human Service Department
2 hour presentation
Topic: Problem-based Learning in Occupational Therapy:
Does it Affect Components of Meta-cognition?
- May, 2000** **Focus 2000**
1 hour presentation
Topic: Problem-based Learning
- January, 2000** **Concordia University - Nursing**
1 hour presentation
Topic: Stress Management
- November, 1999** **American Occupational Therapy - SIS Practice
Conference**
1 hour Roundtable Discussion
Topic: Expanding Mental Health Experience to Students in
the Classroom
- October, 1999** **Wisconsin Occupational Therapy Conference**
1 and 1/2 hour Concurrent Sessions
Topic: Bringing Mental Health Practice into the Classroom
- October, 1999** **The Great Southern Occupational Therapy Conference**
1 and 1/2 hour Concurrent Session
Topic: Wisconsin's Future for Occupational Therapy in
Mental Health

- August, 1999** **Concordia University - Faculty Retreat**
1.5 hour presentation
Topic: Our Religious Heritage: A Christian Perspective
- June, 1999** **Concordia University - Nursing Dept**
1 hour presentation
Topic: Stress Management
- October, 1998** **Wisconsin Occupational Therapy Association Conference**
1 and 1/2 hour Concurrent Session
Topic: The Assessment of Motor and Process Skills (AMPS):
Is it For You?
- June, 1998** **Concordia University - Nursing Dept**
1 hour presentation
Topic: Handling Stress
- May, 1998** **World Federation of Occupational Therapy - Canada**
Poster session
Topic: Mental Health Practice in Wisconsin
- April, 1998** **American Occupational Therapy Association Conference**
3 hour Concurrent Session Panel discussion
Topic: Mental Health Practice across the USA
- October, 1997** **Wisconsin Occupational Therapy Conference**
1.5 hour Concurrent Session
Topic: The Model of Human Occupation: An Update
- August, 1997** **Concordia University Faculty Retreat**
1 hour Concurrent Session Panel Discussion
Topic: Integrating Spirituality into the Classroom
- June, 1997** **Mental Health Task Force Workshop**
1.5 Concurrent Session
Topic: Model of Human Occupation: An Update
- October, 1996** **American Occupational Therapy Assoc. - Practice Conference**
2 hour Concurrent Session
Topic: Stereotyping of OT & PT Students
- June, 1996** **Wisconsin Occupational Therapy Assoc. - Mental Health Workshop**
1 hour Concurrent session
Topic: Transferring Psychiatric Skills to a Physical Dysfunction Setting

- May, 1996** **Concordia University Wisconsin - Nursing Dept.**
2 hour In-service session
Topic: Stress Management
- October, 1995** **Milwaukee County Mental Health Complex**
3 In-service sessions (1 hour each)
Topic: Standardized evaluation with the ACL, KELS and MEDLS assessment tools.
- October, 1995** **New York Occupational Therapy Annual Conference**
2 hour concurrent session
Topic: Assertiveness Training
- October, 1995** **New York Occupational Therapy Annual Conference**
2 hour concurrent session
Topic: The application of the psycho-educational model in mental health
- July, 1995** **Concordia University Wisconsin**
Nursing Program - Guest Lecture
Topic: Handling Stress
- June, 1995** **Wisconsin Occupational Therapy Association**
Mental Health Workshops
1.5 hour concurrent session
Topic: Patient and Family Education
- April, 1995** **Milwaukee County Mental Health Complex**
Family Education Program
2 hour discussion and role playing session
Topic: Resolving Conflicts
- March, 1995** **Concordia University of Wisconsin**
3 hour guest lecture for junior level Occupational Therapy psychosocial course.
Topic: The Psycho-educational Model
- October, 1994** **Wisconsin Occupational Therapy Association Annual Conference**
1.5 hour concurrent session
Topic: Assertiveness Training in Mental Health
- October, 1994** **Wisconsin Occupational Therapy Association Annual Conference**
Panelist in a 1 1/2 hour Research Forum
Topic: The Effectiveness of a Psycho-educational Model to Train Conversation Skills in Persons with Psychiatric Skills.

- June, 1994** **WOTA Mental Health Task Force Seminar**
1 hour concurrent session
Topic: Family Education
- November, 1993** **University of Wisconsin - Milwaukee**
1.5 hour lecture for senior level Occupational Therapy
advanced psychosocial practice class
Topic: Application of the Psycho-educational Model in Mental
Health
- October, 1993** **Wisconsin Occupational Therapy Association Annual
Conference**
1.5 hour concurrent session
Topic: Efficacy of a Conversation Skills Group with the
Mentally Ill
- September, 1993** **Milwaukee County Mental Health Complex**
1 hour lecture for the Family Education Program
Topic: An Overview of Symptom Management
- September, 1993** **American Partial Hospitalization Association Annual
Conference**
2 hour concurrent session
Topic: Efficacy of Psycho-educational Groups in Partial
Hospitalization
- June, 1993** **Milwaukee County Mental Health Complex**
1 hour In-service presentation for Day Treatment program
and Rehabilitative Services department staff
Topic: The effectiveness of a psycho-educational module to
train conversation skills in adults with psychiatric disorders
- March, 1993** **Milwaukee County Mental Health Complex**
2 hour In-service presentation for Day Treatment program
and Rehabilitative Services department staff
Topic: Computer and Software Applications in Mental Health
Occupational Therapy
- December, 1992** **University of Wisconsin - Milwaukee**
1 hour lecture & 2 hour lab for senior level Occupational
Therapy advanced psychosocial practice class
Topic: Title 19 Reimbursement and Functional Assessments
- September, 1992** **Wisconsin Occupational Therapy Association Annual
Conference**
1.5 hour concurrent session
Topic: Computer and Software Applications in Mental Health
Occupational Therapy

- July, 1992** **International Occupational Therapy Conference**
Dublin, Ireland
1 hour concurrent session
Topic: A Human Relationship Group: An Innovative Strategy
- June, 1992** **Milwaukee County Mental Health Complex**
1 hour lecture for the Family Education Program
Topic: What Family and Friends Can Do
- November, 1991** **University of Wisconsin - Milwaukee**
1 hour lecture for senior level Occupational Therapy
advanced psychosocial practice class
Topic: Suicidal and Acting out Patients
- June, 1991** **Milwaukee County Mental Health Complex**
1 hour lecture for the Family Education Program
Topic: Major Psychiatric Disorders
- March, 1991** **Milwaukee County Mental Health Complex**
1 hour In-service presentation for Day Treatment program
Rehabilitative Services department staff
and
Topic: Life Skills Training Group: Computer
Applications
- October, 1990** **California Occupational Therapy Association Annual
Conference**
1.5 hour concurrent session
Topic: A Human Relationship Group: An Innovative Strategy
- October, 1990** **Maryland Occupational Therapy Association Annual
Conference**
4 hour institute
Topic: A Human Relationship Group: An Innovative Strategy
- September, 1990** **Pennsylvania Occupational Therapy Association Annual
Conference**
1.5 hour concurrent session
Topic: A Human Relationship Group: An Innovative Strategy
- September, 1990** **Wisconsin Occupational Therapy Association Annual
Conference**
1 hour concurrent session
Topic: Human Sexuality and Psychiatric Occupational
Therapy
- September, 1989** **Wisconsin Occupational Therapy Association Annual
Conference**
1.5 hour concurrent session
Topic: A Human Relationship Group: An Innovative
Technique

PUBLICATIONS

- Samuel, L. (1999, February). *Expanding roles in Wisconsin*. OT Week, 5.
- Samuel, L. *Responsive Changes in Mental Health Practice in Wisconsin*. Journal of Occupational Therapy in Mental Health. (Accepted for publication, 1996)
- Samuel, L. (1993). *The effectiveness of a psycho-educational module to train conversation skills in adults with psychiatric disorders*. Unpublished master's thesis.

PROFESSIONAL ASSOCIATIONS

Certified by the State of Wisconsin Medical Examining Board as an Occupational Therapist, Registered: December, 1990; Certification # 694

Certified by the American Occupational Therapy Association as an Occupational Therapist; Certification # 508697

COMMITTEE APPOINTMENTS

Wisconsin Occupational Therapy Association

2004 Conference Committee

Co – Chair

2002 - present

Concordia University Wisconsin

Faculty Concerns Committee

2001 – present

Concordia University Wisconsin Occupational Therapy Department Admission Committee

Chairperson

1999 - present

Concordia University Wisconsin Occupational Therapy Department Advising Committee

1999 - present

Wisconsin Occupational Therapy Association

2001 Conference Committee

Co-Chair

1999 - 2001

South East District Wisconsin Occupational Therapy Association

Special Interest Section: Mental Health

Co-Chair

1998 - 2001

**Concordia University Wisconsin
Occupational Therapy Department
Search Committee**

October, 1999 - December, 1999

**Concordia University Wisconsin
Faculty Development Committee**

1996 - 1998

**Wisconsin Occupational Therapy Conference Planning Committee
1998 Conference**

Program Co-chair

1997 - 1998

**Wisconsin Occupational Therapy
Partnership with the Mental Health Association Committee**

Member

1998 - 2001

**Mental Health Task Force
Wisconsin Occupational Therapy Association**

1992 - 1998

Chairperson 1996 - 1998

**Concordia University
Inauguration Committee**

1977

Wisconsin Occupational Therapy Conference Planning Committee

1995 Conference

Program Co-Chair

1994 - 1995

**Continuous Quality Improvement Committee
Documentation and Computerization**

Milwaukee County Mental Health Complex

1992 - 1996

Day Treatment Family Education Committee

Milwaukee County Mental Health Complex

Co-developer and chairperson

1989 - 1996

Day Treatment Family Education Committee

Milwaukee County Mental Health Complex

Co-developer and chairperson

1989 – 1996

Central Service Coordinating Committee

Chair/Liaison

Milwaukee County Mental Health Complex

1991 - 1994

Wisconsin Occupational Therapy Conference Planning Committee

1992 Conference

Secretary, 1991 - 1992

Rehabilitative Services In-service Committee

Milwaukee County Mental Health Complex

Chairperson

1985 - 1992

Wisconsin Occupational Therapy Conference Planning Committee

1989 Conference

Evaluation/Secretary Chair

1988 - 1989

Day Treatment Coordinating Committee

Milwaukee County Mental Health Complex

Task Force Member

1987 – 1989

AWARDS

Award of Service

presented by the Wisconsin Occupational Therapy Association, 1997, 1999, 2001

Award of Excellence for Clinical Leadership in Psychiatry

presented by the Wisconsin Occupational Therapy Association, 1994

Award of Appreciation

presented by the Wisconsin Occupational Therapy Association, 1989, 1992, 1995, 1998, 1999, 2001

Award of Appreciation

presented by the Southeast District of the Wisconsin Occupational Therapy Association, 1989, 1990, 1991, 1992, 1993, 1995, 1996, 1997, 1998, 1999, 2001

DESCRIPTION OF METHODOLOGY

At the inception of this grant, three surveys were developed to collect information from the participants of each mediation case, the mediator, and the attorney. Each survey was comprised of open-ended questions that provided qualitative information, however it was difficult to describe the participants, mediators or attorneys as a group. In addition, the information did not provide data in a format where relationships between the three groups or question items could be explored.

The surveys were modified in 2000. The surveys were converted to a 7-point Likert Scale. On this type of scale, the respondents rate their level of agreement with a statement from 1 to 7. The participant survey was comprised of 36 questions; the mediator survey was comprised of 44 questions, and 38 questions comprised the attorney survey. Each survey is divided into 4 sections: questions about the mediator, questions about the mediation process, questions about the agreement, and questions when an agreement was not reached. Numerous questions are the same on each survey so that the responses between groups can be explored. Data obtained from the Likert-scale surveys can be used to describe the groups and explore the relationships between survey items and/or groups.

Surveys are widely used in research to collect data that is not observable. This type of data collection typically explores feelings, impressions, experiences with an individuals, opinions, and attitudes. Strengths of this type of data collection include the respondents' ability to fill the survey out at their convenience, allows for participant anonymity, potential to survey each participant, and data collection is relatively inexpensive and quick. A primary weakness of survey research is that the participants voluntarily participate and provide data that is self-report. Survey research may also have problems with a low rate of return, requiring follow-up inquiries.

Survey research was chosen for this grant because it provided the opportunity to receive feedback (self-report) from each participant, mediator, and attorney in an efficient manner. The surveys used were comprised of an array of questions that provided data that could answer the research questions.

At the end of the mediation process, the mediator distributes a Post-Mediation Participant Form to each participant; a Post-Mediation Attorney Form to the attorney (if present) and the mediator completes a survey. The intake coordinator, who assigns the case to a mediator if one is not requested, codes each survey prior to the mediation. This code allows for anonymity and the ability to group participant responses by mediators. The mediators encourage each group to complete the survey and return to the WSEMS office in a SASE provided.

Analysis

Data from each survey is entered in an SPSS file. SPSS is a relatively comprehensive data analysis package that is used in research and in business. SPSS 13.0 version is used to analyze data in this grant. The use of a data analysis package reduces calculation errors, but relies on the researcher to interpret the data and determine the type of statistical analysis.

The types of research questions that needed to be answered were twofold. The first type of research questions are descriptive in nature. Examples are:

- What issues led to mediation?
- How many advocates attended mediation?
- What is the average length of each mediation session?
- Who participated in the mediation sessions?
- What disabilities led to mediation?
- Do participants feel they are pressured by the mediator?
- Would the participants use this mediator again?

These types of research questions can be answered using basic descriptive statistics. This type of analyses describes the output from the survey. Data can be converted to means (averages), percentages, or simply numbers. For each item on the survey, you could describe how each group answered a particular question. For example, 30% strongly agreed, 20% agreed, 10% had no opinion, and 50% disagreed. Data can be placed in a variety of graphs or charts. This type of statistics does not explore relationships or make inferences about the data.

The second type of research questions asked look for relationships. Examples are:

Is there a relationship between the type of issue that brought them to mediation and if an agreement was reached?

Is there a relationship between the number of mediation sessions and if an agreement was reached?

Is there a relationship between the perceived effectiveness of the mediator and an agreement being reached?

These types of questions can be easily answered using a correlational analysis. In this type of analyses, one is able to determine the strength of a relationship and the direction (positive or negative). It does not provide inferences or cause & effect, but discusses how two variables are related.

Research questions that are descriptive and correlational in nature can easily be easily calculated using the SPSS package.

EXAMPLES OF STATISTICAL DATA

**EXAMPLES OF
NARRATIVE
PARTICIPANT AND
MEDIATOR
SURVEYS**

8. Has the dispute that brought you to mediation been resolved?

Yes_____

No_____

9. Overall, how satisfied were you with the mediation process used in this case?

Very satisfied___ Somewhat Satisfied_____ Not Satisfied___

What advice would you give to others considering mediation?

About the Mediator (s):

Was the mediator knowledgeable in the field of special education?

Yes_____

Somewhat_____

No_____

If answered somewhat or no, would you have preferred that the mediator had been more knowledgeable about special education?

Yes_____

No_____

Did the mediator explain the mediation process thoroughly?

Yes_____

Somewhat_____

No_____

Did the mediator appear to be impartial?

Yes_____

No_____

Not Sure_____

If you answered question 4 “no” or “not sure,” who did the mediator seem to favor?

You_____

Name:_____

Did the mediator pressure you into an agreement?

Yes_____

Somewhat_____

No_____

Would you use this mediator again to resolve a dispute?

Yes_____

No_____

Comments on the mediator:

About the Agreement:

If you did not sign an agreement, please skip this section.

1. How satisfied were you with the agreement you signed?

Very satisfied___ Somewhat Satisfied___ Not Satisfied___

2. In comparison to what you wanted, was the mediated agreement...

Better_____ About what you wanted_____ Worse_____

Different_____

3. Do you think the agreement will help solve the problem that brought you to mediation?

Yes_____ Somewhat_____ No_____ Don't Know_____

4. Would you use the mediation process to resolve future problems that may arise?

Yes_____ No_____ Don't Know_____

Comments

Return to:
Wisconsin Special Education Mediation System
Marquette University
P.O. Box 1881
106 Wehr Physics
Milwaukee, WI 53021-1881
FAX: 414-288-7537
6/99

**Wisconsin Special Education Mediation System
Post-Mediation Attorney Questionnaire**

Case: _____ and _____
(Name) (Name)

Child: _____
(Name)

Mediator (s) _____ **Date:** _____

Please help us evaluate the special education mediation program by answering the following questions and returning this form in the addressed stamped envelope that accompanies this questionnaire. All responses are confidential. We encourage you to offer any suggestions for improving this program or other comments you may have. Use the reverse side if you need more room. Thank you for your assistance.

Date: _____

Your role: (Check one) Your name (optional): _____

Attorney for Petitioner _____ Phone number: _____

Attorney for Respondent _____

Other _____ (Describe: _____)

About the Mediation Process:

1. How many special education mediation cases have you participated in previously?

None _____ List Number _____

2. How many mediations of any type have you participated in previously?

None _____ List Number _____

3. Did you attend the mediation session in this matter?

Yes _____ No _____

4. Please describe your role in this special education mediation?

Active Participant _____ Advisor _____ Other (describe) _____

5. Did the court pressure you or your client into participating in mediation?

Yes _____ Somewhat _____ No _____

6. Would you use the mediation process again to resolve a special education dispute?

Yes _____ No _____

7. Overall, how satisfied were you with the mediation process used in this case?
Very Satisfied_____ Somewhat Satisfied_____ Dissatisfied_____

If no agreement was reached, skip questions 8-10.

8. How satisfied were you with the agreement that was signed?
Very Satisfied_____ Somewhat Satisfied_____ Dissatisfied_____

9. In comparison to what your client wanted, was the mediated agreement...
Better_____ About the Same_____ Worse_____

10. In comparison to a likely court resolution, was the mediated agreement...
Better_____ About the Same_____ Worse_____

About the Mediator (s):

1. Was the mediator knowledgeable in the field of special education?
Yes_____ Somewhat_____ No_____

2. Do you prefer a mediator who has substantive knowledge of special education?
Yes_____ No_____

If so, why?_____

3. Did the mediator explain the mediation process thoroughly?
Yes_____ Somewhat_____ No_____

4. Did the mediator appear impartial?
Yes_____ No_____ Not Sure_____

5. If you answered question 4 "no" or "not sure," who did the mediator seem to favor?
You_____ Name:_____

6. Did the mediator pressure the parties into an agreement?
Yes_____ Somewhat_____ No_____

7. Was the mediator helpful in structuring and guiding the mediation process?
Yes_____ Somewhat_____ No_____

8. Would you use this mediator again to resolve a dispute?
Yes_____ No_____

9. Did you believe this mediator's style and temperament was a good match for this particular case?
Yes_____ No_____

Comments on the mediator or mediation process. Please include advice you would give another attorney whose client is considering mediation:

Return to:
Wisconsin Special Education Mediation System
Marquette University
P.O. Box 1881
107 Wehr Physics
Milwaukee, WI 53201-1881
October 5, 1998

WISCONSIN SPECIAL EDUCATION MEDIATION SYSTEM

Wisconsin Special Education Mediation System Mediator Reporting Form

Case: _____ and _____
(Name) (Name)

Child: _____
(Name)

Mediators: _____

1. List persons present at mediation:

- a. Parents (Guardian) _____
- b. School District _____
- c. Attorney for Parents (Guardian) _____
- d. Attorney for School District _____
- e. Other _____
- f. Other _____
- g. Other _____

2. List other interested parties, and reason **not** present:

3. List date, length, and locations of mediation sessions:

State any court action initiated **before** mediation started:

5. Describe concerns that led to mediation, as perceived by parties:

6. What issues did you identify? (List in order of priority.)

7. What was the outcome of the mediation? (Check one.)

- Agreement reached
- Partial agreement reached
- No agreement reached

7a. Describe the agreement. If no agreement was reached, discuss your assessment of the reasons for lack of an agreement:

8. What happened to the court action? (e.g., dismissal, amendment, adjournment.) Did the court approve the agreement?

9. In your opinion, was this case appropriate for mediation? Describe:

10. How facilitative and/or evaluative were you in assisting the parties to reach a resolution?

11. Was the special education mediator training you received helpful in mediating this case?

12. Is there other training or information that would have been useful in your mediation of this case?

13. If this case was co-mediated, discuss co-mediator interaction.

14. Any further comments or suggestions:

Return to:
Wisconsin Special Education Mediation System
Marquette University
P.O. Box 1881, 106 Wehr Physics
Milwaukee, WI 53201-1881
FAX: 414-288-7537
June 25, 1999

**EXAMPLES OF
QUALITATIVE
PARTICIPANT AND
MEDIATOR SURVEYS**

Wisconsin Special Education Mediation System
Post-Mediation Participant Form

Please help us evaluate the special education mediation system by answering the following questions and returning this form in the addressed stamped envelope that accompanies this questionnaire.

The information on this reporting form will remain confidential. The form is returned to the system office and reviewed only by the intake coordinator and one system partner who also serve as the system evaluator. The information will never be reported in a way that could identify the parties to this case.

Thank you for your assistance. The information that you offer is very important to us.

1. Your role (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Mother(1) | <input type="checkbox"/> Occupational Therapist(13) |
| <input type="checkbox"/> Father(2) | <input type="checkbox"/> Physical Therapist(14) |
| <input type="checkbox"/> Other family member(3) | <input type="checkbox"/> Speech & Language Pathologist(15) |
| <input type="checkbox"/> Advocate(4) | <input type="checkbox"/> Student (16) |
| <input type="checkbox"/> Social Worker(5) | <input type="checkbox"/> Special Education Teacher(17) |
| <input type="checkbox"/> Director of Pupil Services/Special Education (6) | |
| <input type="checkbox"/> School Psychologist(7) | |
| <input type="checkbox"/> Regular Education Teacher(8) | |
| <input type="checkbox"/> District Administrator(9) | |
| <input type="checkbox"/> Principal (10) | |
| <input type="checkbox"/> Adult Student (over 18 years old) (11) | |
| <input type="checkbox"/> Other(describe)(12) _____ | |

2. Identify which disability(s) were involved in this case: (Place an **X** in the space in front of each disability involved in this case)

No disability has been identified at this time (15)

More than one disability has been identified (14)

Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Autism (1) | <input type="checkbox"/> Other Health Impaired(11) | <input type="checkbox"/> Traumatic Brain Injury (12) |
| <input type="checkbox"/> Emotional Behavioral Disability (2) | | <input type="checkbox"/> Visually Impaired (13) |
| <input type="checkbox"/> Specific Learning Disability (3) | | |
| <input type="checkbox"/> Orthopedically Impaired (4) | | |
| <input type="checkbox"/> Severe Developmental Delay (3.5-11 years) (5) | | |
| <input type="checkbox"/> Speech and Language (6) | | |
| <input type="checkbox"/> Deaf-Blind (7) | | |
| <input type="checkbox"/> Cognitive Disability (8) | | |
| <input type="checkbox"/> Hearing Impairment (9) | | |
| <input type="checkbox"/> Multiple Handicapped (10) | | |

SECTION A: About the Mediation Process

This first set of statements focuses on the mediation process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
3.I understood the mediation process	1	2	3	4	5	6	7
4.Before the mediation meeting, I was given enough information about the mediation process.	1	2	3	4	5	6	7
5.It is important for me to be a part of the decision	1	2	3	4	5	6	7
6.Mediation gave me the opportunity to be part of the decision-making process.	1	2	3	4	5	6	7
7.At the mediation meeting, I was given time to fully describe my concerns.	1	2	3	4	5	6	7
8.I understood the other parties' viewpoint.	1	2	3	4	5	6	7
9.The mediation process provided a satisfactory outcome.	1	2	3	4	5	6	7
10.Overall, I was satisfied with the mediation process used in this case.	1	2	3	4	5	6	7
11.The other parties understood my viewpoint.	1	2	3	4	5	6	7
12.I would use the mediation process again to resolve a dispute.	1	2	3	4	5	6	7

SECTION B: About the Mediator (s)

This set of statements will focus on the person who acted as the mediator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
13.It is important that the mediator know a lot about special education.	1	2	3	4	5	6	7
14.The mediator did know a lot about special education.	1	2	3	4	5	6	7
15.The mediator explained the mediation process thoroughly.	1	2	3	4	5	6	7
16.The mediator was NOT neutral.	1	2	3	4	5	6	7
17.The mediator was respectful to all parties involved.	1	2	3	4	5	6	7
18.The mediator pressured me into an agreement.	1	2	3	4	5	6	7
19.The mediator created an environment in which I felt comfortable talking.	1	2	3	4	5	6	7
20.The mediator used time adequately.	1	2	3	4	5	6	7
21.The mediator was organized.	1	2	3	4	5	6	7
22.The mediator did NOT keep the meeting focused.	1	2	3	4	5	6	7
23.I would use this mediator again to help resolve a dispute.	1	2	3	4	5	6	7

Did you reach an agreement during the mediation process? (1y,2n)

___yes (GO to SECTION C and SKIP SECTION D)

___no (SKIP SECTION C and GO to SECTION D)

SECTION C: About the Agreement (Only fill this section out if you reached an agreement during the mediation process).

This next set of statements will focus on the agreement that you reached during the mediation process. (If you did not reach an agreement, please skip this section and proceed to SECTION D). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
24.I am satisfied with the agreement that I signed.	1	2	3	4	5	6	7
25.I think the agreement will help solve the problem that brought me to mediation.	1	2	3	4	5	6	7
26.I believe that the other parties will follow through with the agreement we made during mediation.	1	2	3	4	5	6	7
27.The outcome of the mediation was better than I expected.	1	2	3	4	5	6	7
28.The outcome of the mediation was worse than I expected.	1	2	3	4	5	6	7

SECTION D: Agreement not reached (Only fill this section out if you did not reach an agreement during the mediation process).

This set of statements will focus on the possible reasons why an agreement could not be reached. (If you reached an agreement, please skip this section). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
29.The mediator was ineffective.	1	2	3	4	5	6	7
30.The other parties' were unwilling to negotiate a resolution.	1	2	3	4	5	6	7
31.I felt pressured to make a decision.	1	2	3	4	5	6	7
32.My viewpoint was not respected.	1	2	3	4	5	6	7
33.I believe the other parties will not follow through with an agreement.	1	2	3	4	5	6	7
34.There is no acceptable resolution to this particular problem.	1	2	3	4	5	6	7
35.I plan to take legal action.	1	2	3	4	5	6	7
36.I was unwilling to negotiate a resolution.	1	2	3	4	5	6	7

Any Additional Comments:

Thank you for completing this survey.

Return to:

Wisconsin Special Education Mediation System

Marquette University

P.O. Box 1881

106 Wehr Physics

Milwaukee, WI 53021-1881

FAX: 414-288-7537

WSEMS# MEDIATOR#
Wisconsin Special Education Mediation System
Post-Mediation Attorney Questionnaire

Please help us evaluate the special education mediation system by answering the following questions.

The information on this reporting form will remain confidential. The form is returned to the system office and reviewed only by the intake coordinator and one system partner who also serves as the system evaluator. The information will never be reported in a way that could identify the parties to this case.

1. Your role: (Check one)

Attorney for Parent (1)

Attorney for School District (2)

Other (3)(Describe: _____)

This section will explore your experience and role(s) in the mediation process.

2. How many special education mediation cases have you participated in previously? _____

3. How many mediations of any type have you participated in previously? _____

4. How many sessions for this case did you participate in? _____

5. Describe your primary role in this special education mediation (please check one)

Active participant (1)

Advisor (2)

Other (3) (describe) _____

SECTION A: About the Mediation Process

This set of statements focuses on the mediation process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

Strongly Agree Agree Slightly Agree No Opinion Slightly Disagree Disagree Strongly Disagree

6. I believe my client(s)

understood the mediation process.

1 2 3 4 5 6 7

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

7. Before the mediation session, my client(s) were given adequate Information about the mediation process.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

8. It is important that my client is a part of the decision making process.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

9. Mediation provided my client with the opportunity to be a part of the decision making process.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

10. I believe my client understood the other parties' viewpoint.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

11. The dispute that was brought to mediation was resolved to my clients satisfaction.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

12. Overall, I was satisfied with the mediation of this case.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

13. I believe the other party understood my client's viewpoint.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

14. I would encourage future clients to participate in the mediation system.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

SECTION B: About the Mediator (s)

This set of statements will focus on the person who acted as the mediator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement. (If you did not attend the mediation meeting(s) please skip this section and proceed to SECTION C).

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
15.It is important that the mediator be knowledgeable in the field of special education.	1	2	3	4	5	6	7
16.The mediator was knowledgeable in the field of special education.	1	2	3	4	5	6	7
17.The mediator explained the mediation process thoroughly.	1	2	3	4	5	6	7
18.The mediator was NOT impartial.	1	2	3	4	5	6	7
19.The mediator was respectful to all parties.	1	2	3	4	5	6	7
20.The mediator tried to pressure my client into an agreement.	1	2	3	4	5	6	7
21.The mediator created a comfortable environment.	1	2	3	4	5	6	7
22.The mediator utilized time adequately.	1	2	3	4	5	6	7
23.The mediator was organized.	1	2	3	4	5	6	7
24.The mediator did NOT keep the meeting focused.	1	2	3	4	5	6	7
25.I would use this mediator again to help resolve a dispute.	1	2	3	4	5	6	7

Was an agreement signed at the end of the mediation process? (1y,2n)

___yes (**GO to SECTION C and SKIP SECTION D**)

___no (**SKIP SECTION C and GO to SECTION D**)

SECTION C: About the Agreement (Only fill this section out if an agreement was signed at the end of the mediation process)

This next set of statements will focus on the agreement that was reached during the mediation process. (If your client did not sign an agreement, please skip this section and proceed to SECTION D). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
26.I believe my client was satisfied with the agreement that was signed.	1	2	3	4	5	6	7
27.I believe the agreement will help solve the problem that brought my client to mediation.	1	2	3	4	5	6	7
28.I believe the other parties will follow through with the agreement made during mediation.	1	2	3	4	5	6	7
29.I believe the outcome of the mediation was better than my client had expected.	1	2	3	4	5	6	7
30.I believe the outcome of the mediation is better than the probable outcome of a due process hearing.	1	2	3	4	5	6	7

SECTION D: Agreement NOT Reached (Only fill this section out if an agreement was NOT signed at the end of the mediation process).

This set of statements will focus on the possible reasons why an agreement could not be reached. (If your client signed an agreement, please skip this section). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
31.The mediator was ineffective.	1	2	3	4	5	6	7
32.The other parties were unwilling to negotiate a resolution.	1	2	3	4	5	6	7
33.I believe my client(s) felt pressured to make a decision.	1	2	3	4	5	6	7
34.My client(s) viewpoint was not respected.	1	2	3	4	5	6	7
35.I believe that the other parties will not follow through with an agreement.	1	2	3	4	5	6	7
36.The parties could not agree on an acceptable resolution.	1	2	3	4	5	6	7
37.I will advise my clients to take further legal action.	1	2	3	4	5	6	7
38.My client was unwilling to negotiate a resolution.	1	2	3	4	5	6	7

Any Additional Comments:

WSEMS# Mediator#
Wisconsin Special Education Mediation System
Mediator Reporting Form

Please help us evaluate the special education mediation system by answering the following questions and returning this form in the addressed stamped envelope that accompanies this questionnaire.

The information on this reporting form will remain confidential. The form is returned to the system office and reviewed only by the intake coordinator and one system partner who also serves as the system evaluator. The information will never be reported in a way that could identify the parties to this case.

I. Please check which persons were in attendance at the mediation

(1/Y, 2/N)

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Attorney for Parents (Guardian, Adult Student) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Attorney for School District |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Director Pupil Services/Spec.Ed. | <input type="checkbox"/> Speech & Language Pathologist |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> District Administrator | |
| <input type="checkbox"/> Other(describe) _____ | |

2. Identify which disability(ies) were involved in this case (Place an **X** in the space in front of each disability involved in this case):

No disability has been identified at this time (15)

More than one disability has been identified (14)

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Autism (1) | <input type="checkbox"/> Other Health Impaired (11) |
| <input type="checkbox"/> Emotional Behavioral Disability (2) | <input type="checkbox"/> Traumatic Brain Injury (12) |
| <input type="checkbox"/> Specific Learning Disability (3) | <input type="checkbox"/> Visually Impaired (13) |
| <input type="checkbox"/> Orthopedically Impaired (4) | |
| <input type="checkbox"/> Severe Developmental Delay (3.5-11 years) (5) | |
| <input type="checkbox"/> Speech and Language (6) | |
| <input type="checkbox"/> Deaf-Blind (7) | |
| <input type="checkbox"/> Cognitive Disability (8) | |
| <input type="checkbox"/> Hearing Impairment (9) | |
| <input type="checkbox"/> Multiple Handicapped (10) | |

3. Was this case settled BEFORE an actual session? YES NO (1Y,2N)

4. The number of mediation sessions used for this case was _____.

5. The average length of each mediation session was _____hrs _____ mins.

6. For this case, I participated in telephone conferences (please check correct response)

Constantly (1)___ Frequently (2)___ Often (3)___ Sometimes (4)___

Rarely (5)___ Never (6)_____

7. For this case, I communicated via email

Constantly (1)___ Frequently (2)___ Often (3)___ Sometimes (4)___

Rarely (5)___ Never (6)_____

8. Below is a list of concerns that often lead to conflict. Please identify the main reason(s) a mediation was requested. Place an **X** on the line next to the main concerns.

(1/Y, 2/N)

___Extended school year (ESY)

___Dispute with a teacher or aide

___Denial of Free Appropriate

___Other personnel issues

Public Education (FAPE)

___ Related services

___Transportation issues

___Request for an IEE

___Communication breakdown

___Transition from birth to three

___Reimbursement for private school

___Transition from high school

___IEP Issues

___Discipline

___IEP not being followed

___Safety Issues

___Functional Behavioral Assessment

___Disagreement over accommodations

___Disagreement over identification

___Assistive technology

___Disagreement over placement

___Other(describe)_____

9. If actions were initiated **BEFORE** mediation started, please complete the table below. (If not, please skip to question 10).

For each action listed below, please place an **X** in the box to the right that best describes the outcome of the action. If a particular action was **NOT** initiated, you would place an **X** in the **NOT INITIATED** box.

Actions	Not Initiated (0)	Dismissal (1)	Amendment (2)	Unknown (3)	Process Continuing (4)	Move to Mediation (5)
Due Process						
Formal IDEA Complaint						
Class Action Lawsuit						
Individual Lawsuit						
OCR Compliant						
Facilitated IEP with WSEMS						
Resolution Session						
Other						
Unknown						

10. What was the outcome of the mediation?

_____ Agreement reached(1)

_____ Partial Agreement reached(2)

_____ No agreement reached(3)

SECTION A: About the Mediation Process

This set of statements focuses on the mediation process. Please tell us whether you **Strongly Agree, Agree, No Opinion, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
11. The participants fully understood the mediation process.	1	2	3	4	5	6	7
12. Before the mediation session, I provided adequate information.	1	2	3	4	5	6	7
13. It is important for each party to be a part of the decision-making process.	1	2	3	4	5	6	7
14. I gave each party the opportunity to be a part of the decision making process.	1	2	3	4	5	6	7
15. I understood all parties' viewpoint.	1	2	3	4	5	6	7
16. Mediation resulted in a satisfactory resolution.	1	2	3	4	5	6	7
17. I was satisfied with the mediation process.	1	2	3	4	5	6	7

SECTION B: About the Mediator (self-assessment)

This set of statements will focus on your skills as a mediator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
18. It is important for a mediator to be knowledgeable in the field of special education.	1	2	3	4	5	6	7
19. I am knowledgeable in the field of special education.	1	2	3	4	5	6	7
20. I explained the mediation process thoroughly.	1	2	3	4	5	6	7
21. I was NOT impartial.	1	2	3	4	5	6	7
22. I was respectful to all parties involved.	1	2	3	4	5	6	7
23. I did not pressure any parties into an agreement.	1	2	3	4	5	6	7
24. I created an environment in which the participants felt comfortable talking.	1	2	3	4	5	6	7
25. I utilized time adequately.	1	2	3	4	5	6	7
26. I was organized.	1	2	3	4	5	6	7
27. I did NOT keep focused.	1	2	3	4	5	6	7

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	---------------	----------------------	----------	----------------------

28. The special education mediator training that I received was helpful in mediating this case.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

29. Additional training or information would have been useful in mediating this case.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

If so, describe:

30. Was an agreement reached during the mediation process? (1y,2n)

YES (Go to SECTION C and SKIP SECTION D)

NO (SKIP SECTION C and GO to SECTION D)

SECTION C: About the Agreement (only fill this section out if an agreement was reached during the mediation process)

This next set of statements will focus on the agreement that was reached during the mediation process. (If an agreement was not reached, please skip this section and proceed to SECTION D).

Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	---------------	----------------------	----------	----------------------

31. Each party appears to be satisfied with the agreement.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

32. I believe the agreement will resolve the problem brought to mediation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

33. I believe that each party will follow through with the agreement.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

34. This was an appropriate case for mediation.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

SECTION D: Agreement NOT reached (Only fill this section out if an agreement was not reached during the mediation process)

This set of statements will focus on the possible reasons why an agreement could not be reached. (If an agreement was reached, please skip this section). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, Strongly Disagree** with each statement by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

35. I could have been more effective in resolving this dispute.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

36. The parties were unwilling to negotiate.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

37. Parties felt pressured to attempt mediation.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

38. The viewpoints of each party were not respected.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

39. There was concern that parties would not follow through with the agreement.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

40. There is no acceptable resolution to this problem.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	-------------------	-------	-------------------	---------------	----------------------	----------	----------------------

41. The parties decided to take legal action.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

42. The issues were not appropriate for mediation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Please add any additional comments:

Thank you for completing this survey. The information that you provide is very important and will help us improve the mediation process. WSEMS, P.O. Box 1881, 106 Wehr Physics, Milwaukee WI 53201-1881.

9/05

WSEMS# Facilitator#
Individualized Education Program (IEP) Facilitation
Participant Reporting Form

Please help us evaluate the IEP facilitation project by answering the following questions and returning this form in the addressed stamped envelope that accompanies this questionnaire.

The information on this reporting form will remain confidential. The form is returned to the project office and reviewed only by the intake coordinator and one system partner who also serves as the program evaluator. The information will never be reported in a way that could identify the parties to this IEP.

Thank you for your assistance. The information that you offer is very important to us.

1. Your role (please check one):

- | | |
|--|---|
| <input type="checkbox"/> Mother (1) | <input type="checkbox"/> Attorney for Parents (Guardian) (10) |
| <input type="checkbox"/> Father (2) | <input type="checkbox"/> Attorney for School District (11) |
| <input type="checkbox"/> Other family member (3) | <input type="checkbox"/> Principal (12) |
| <input type="checkbox"/> Advocate (4) | <input type="checkbox"/> Occupational Therapist (13) |
| <input type="checkbox"/> Social Worker (5) | <input type="checkbox"/> Physical Therapist (14) |
| <input type="checkbox"/> Director Pupil Services/Spec. Ed. (6) | <input type="checkbox"/> Speech & Language Pathologist (15) |
| <input type="checkbox"/> School Psychologist (7) | <input type="checkbox"/> Student (16) |
| <input type="checkbox"/> Regular Education Teacher (8) | <input type="checkbox"/> Special Education Teacher (17) |
| <input type="checkbox"/> District Administrator (9) | |
| <input type="checkbox"/> Other (18) Describe _____ | |

2. No disability has been identified at this time (15)
 More than one disability has been identified (14)

If a disability(ies) has been identified, place an **X** in the space in front of each disability involved.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Autism (1) | <input type="checkbox"/> Other Health Impairment (11) |
| <input type="checkbox"/> Emotional Behavioral Disability (2) | <input type="checkbox"/> Traumatic Brain Injury (12) |
| <input type="checkbox"/> Specific Learning Disability (3) | <input type="checkbox"/> Visually Impaired (13) |
| <input type="checkbox"/> Orthopedically Impaired (4) | |
| <input type="checkbox"/> Significant Developmental Delay (3.5-11 years) (5) | |
| <input type="checkbox"/> Speech and Language Disability (6) | |
| <input type="checkbox"/> Deaf-Blind (7) | |
| <input type="checkbox"/> Cognitive Disability (8) | |
| <input type="checkbox"/> Hearing Impairment (9) | |
| <input type="checkbox"/> Multiple Handicapped (10) | |

3. Has the IEP team met previously about this IEP without a facilitator? YES
 NO (1Y, 2N) If so, how many times_____.

SECTION A: About the Facilitation Process

This first set of statements focuses on the facilitated IEP process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
4. I understood the IEP facilitation process.	1	2	3	4	5	6	7
5. Before the IEP meeting, I was given enough information about the facilitation process.	1	2	3	4	5	6	7
6. It is important for me to be a part of the IEP process.	1	2	3	4	5	6	7
7. Facilitation gave me the opportunity to be part of the IEP process.	1	2	3	4	5	6	7
8. At the facilitated IEP meeting, I was given time to fully describe my concerns.	1	2	3	4	5	6	7
9. I understood the other participants' viewpoints.	1	2	3	4	5	6	7
10. The IEP facilitation provided a satisfactory IEP.	1	2	3	4	5	6	7
11. Overall, I was satisfied with the facilitation process used in this IEP meeting.	1	2	3	4	5	6	7

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
12. The other participants understood my viewpoint.	1	2	3	4	5	6	7
13. I would use the facilitation process again.	1	2	3	4	5	6	7
14. This facilitation will improve future IEP meetings.	1	2	3	4	5	6	7

SECTION B: About the Facilitator

This set of statements will focus on the person who acted as the facilitator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
15. It is important that the facilitator know a lot about special education.	1	2	3	4	5	6	7
16. The facilitator did know a lot about special education.	1	2	3	4	5	6	7
17. The facilitator explained the facilitation process thoroughly.	1	2	3	4	5	6	7
18. The facilitator was NOT neutral.	1	2	3	4	5	6	7
19. The facilitator was respectful to all participants.	1	2	3	4	5	6	7
20. The facilitator pressured me into agreeing with the IEP	1	2	3	4	5	6	7

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

21. The facilitator created an environment in which I felt comfortable talking.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

22. The facilitator used time adequately.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

23. The facilitator was organized.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

24. The facilitator did NOT keep the meeting focused.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

25. I would use this facilitator again.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

26. Did the team develop an IEP in the facilitation process? (1/Y, 2/N, 3C)

 YES (GO to SECTION C and SKIP SECTION D)

 NO (SKIP SECTION C and GO to SECTION D)

 The team is continuing the IEP process without a facilitator - THEN STOP HERE

SECTION C: The IEP team developed an IEP in the facilitation process.

This next set of statements will focus on the IEP that the team developed during facilitation process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

27. I am satisfied with the IEP.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

28. I believe that the other participants will follow through with the IEP.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

29. The outcome of the facilitation was better than I expected.	1	2	3	4	5	6	7
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30. The outcome of the facilitation was worse than I expected.	1	2	3	4	5	6	7
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SECTION D: The IEP team did NOT develop an IEP in the facilitation process.

This set of statements will focus on the possible reasons why the IEP team could not agree. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

31. The facilitator was ineffective.	1	2	3	4	5	6	7
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32. The other participants were unwilling to negotiate.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

33. I felt pressured to agree with the IEP team decision.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

34. My viewpoint was not respected.	1	2	3	4	5	6	7
-------------------------------------	---	---	---	---	---	---	---

35. I believe the other participants will not follow through with an IEP.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

36. There is no acceptable resolution to this particular conflict.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

37. I plan to take further action.	1	2	3	4	5	6	7
------------------------------------	---	---	---	---	---	---	---

38. I was unwilling to negotiate.	1	2	3	4	5	6	7
-----------------------------------	---	---	---	---	---	---	---

Any Additional Comments:

Thank your for completing this survey.

Return to:
WSEMS
Marquette University
P.O. Box 1881
106 Wehr Physics
Milwaukee, WI 53021-1881
FAX: 414-288-7537
09/05

WSEMS# Facilitator#
Individualized Education Program (IEP) Facilitation
Facilitator Reporting Form

Please help us evaluate the IEP facilitation project by answering the following questions and returning this form in the addressed stamped envelope that accompanies this questionnaire.

The information on this reporting form will remain confidential. The form is returned to the project office and reviewed only by the intake coordinator and one system partner who also serves as the program evaluator. The information will never be reported in a way that could identify the parties to this IEP.

Thank you for your assistance. The information that you offer is very important to us.

1. Your role (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Attorney for Parents (Guardian) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Attorney for School District |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Director Pupil Services/Spec. Ed. | <input type="checkbox"/> Speech & Language Pathologist |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> District Administrator | |
| <input type="checkbox"/> Other Describe _____ | |

2. No disability has been identified at this time
 More than one disability has been identified

If a disability(ies) has been identified, place an **X** in the space in front of each disability involved.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Autism (1) | <input type="checkbox"/> Other Health Impairment (11) |
| <input type="checkbox"/> Emotional Behavioral Disability (2) | <input type="checkbox"/> Traumatic Brain Injury (12) |
| <input type="checkbox"/> Specific Learning Disability (3) | <input type="checkbox"/> Visually Impaired (13) |
| <input type="checkbox"/> Orthopedically Impaired (4) | |
| <input type="checkbox"/> Significant Developmental Delay (3.5-11 years) (5) | |
| <input type="checkbox"/> Speech and Language Disability (6) | |
| <input type="checkbox"/> Deaf-Blind (7) | |
| <input type="checkbox"/> Cognitive Disability (8) | |
| <input type="checkbox"/> Hearing Impairment (9) | |
| <input type="checkbox"/> Multiple Handicapped (10) | |

3. The number of IEP meetings with a facilitator was _____.

4. The average length of each IEP meetings with a facilitator was _____hrs _____ mins.

5. Has this IEP team met previously about this IEP? ____YES ____NO)(1Y, 2N)

If yes, how many times? _____

6. For this facilitation, I participated in telephone conferences (please check correct response)

Constantly (1)____ Frequently (2)____ Often (3)____ Sometimes (4)____

Rarely (5)____ Never (6)_____

7. For this facilitation, I communicated via email

Constantly (1)____ Frequently (2)____ Often (3)____ Sometimes (4)____

Rarely (5) Never (6)

8. Below is a list of concerns that often lead to conflict. Please identify the main reason(s) a mediation was requested. **Place an X on the line next to the main concerns.**

(1/Y, 2/N)

___ Extended school year (ESY)

___ Free Appropriate Public Education

___ Identification issues

___ Placement issues

___ Request for an IEE

___ Communication breakdown

___ Reimbursement for private school

___ Other IEP Issues

___ IEP not being followed

___ Functional Behavioral Assessment

___ Assistive technology

___ Teacher or aide issues

___ Other personnel issues

___ Related services

___ Transportation issues

___ Evaluation/Testing issues

___ Transition from birth to three

___ Transition from high school

___ Discipline

___ Safety issues

___ Accommodations issues

___ Behavior Intervention Plan (BIP)

___ Other(describe:

9. If actions were initiated **BEFORE** mediation started, please complete the table below. (If not, please skip to question 10).

For each action listed below, please place an **X** in the box to the right that best describes the outcome of the action. If a particular action was **NOT** initiated, you would place an **X** in the **NOT INITIATED** box.

Actions	Not Initiated (0)	Dismissal (1)	Amendment (2)	Unknown (3)	Process Continuing (4)	Move to Mediation (5)
Due Process						
Formal IDEA Complaint						
Class Action Lawsuit						
Individual Lawsuit						
OCR Compliant						
Facilitated IEP with WSEMS						
Resolution Session						
Other						
Unknown						

10. What was the outcome of the facilitated IEP meeting(s)?
 _____ IEP team developed a program in the facilitation process.(1)
 _____ IEP team did not develop a program in the facilitation process.(2)
 _____ Rescheduled IEP without facilitator.(3)
 _____ Rescheduled 504 meeting without a facilitator.

SECTION A: About the Facilitation Process

This set of statements focuses on the mediation process. Please tell us whether you **Strongly Agree, Agree, No Opinion, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
11. The participants fully understood the IEP facilitation process.	1	2	3	4	5	6	7
12. Before the IEP meeting I provided adequate information.	1	2	3	4	5	6	7
13. It is important for each party to be a part of the IEP process.	1	2	3	4	5	6	7
14. I gave each party the opportunity to be a part of the IEP process.	1	2	3	4	5	6	7
15. I understood all parties' viewpoint.	1	2	3	4	5	6	7
16. Facilitation helped the participants move to a satisfactory IEP.	1	2	3	4	5	6	7
17. I was satisfied with the facilitation process.	1	2	3	4	5	6	7
18. The facilitation will improve future IEP meetings.	1	2	3	4	5	6	7

SECTION B: About the Facilitator (self-assessment)

This set of statements will focus on your skills as a mediator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
19. It is important for a facilitator to be knowledgeable in the field of special education.	1	2	3	4	5	6	7
20. I am knowledgeable in the field of special education.	1	2	3	4	5	6	7
21. I explained the facilitation process thoroughly.	1	2	3	4	5	6	7
22. I was NOT impartial.	1	2	3	4	5	6	7
23. I was respectful to all participants.	1	2	3	4	5	6	7
24. I did not pressure any participants into agreeing with an IEP.	1	2	3	4	5	6	7
25. I created an environment in which the participants felt comfortable talking.	1	2	3	4	5	6	7
26. I utilized time adequately.	1	2	3	4	5	6	7
27. I was organized.	1	2	3	4	5	6	7
28. I did NOT keep the meeting focused.	1	2	3	4	5	6	7

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
----------------	-------	----------------	------------	-------------------	----------	-------------------

28. The IEP facilitator training that I that I received was helpful in facilitating this case.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

29. Additional training or information would have been useful in mediating this case.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

If so, describe:

30. Did the team develop an IEP in the facilitation process? (1y,2n)

YES (Go to SECTION C and SKIP SECTION D)

NO (SKIP SECTION C and GO to SECTION D)

The team is continuing the IEP process without a facilitator – THEN STOP HERE

SECTION C: The IEP team DID develop and IEP in the facilitation process (only fill this section out if the IEP team developed an IEP).

This next set of statements will focus on the agreement that was reached during the mediation process. (If an agreement was not reached, please skip this section and proceed to SECTION D).

Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
----------------	-------	----------------	------------	-------------------	----------	-------------------

31. Each participant appears to be satisfied with the IEP developed.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

32. I believe that each participant will follow through with the IEP.

	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
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33. This was an appropriate case for facilitation.

1	2	3	4	5	6	7
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SECTION D: The IEP team did NOT develop and IEP in the facilitation process (Only fill this section out if an IEP was NOT developed in the facilitation process).

This set of statements will focus on the possible reasons why an agreement could not be reached. (If an agreement was reached, please skip this section). Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, Strongly Disagree** with each statement by circling one number to the right of each statement.

Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
----------------	-------	----------------	------------	-------------------	----------	-------------------

35. I could have been more effective in facilitating this IEP meeting.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

36. The parties were unwilling to negotiate.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

37. Parties felt pressured to try a facilitated IEP.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

38. The viewpoints of each party were not respected.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

39. There was concern that parties would not follow through with the IEP.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

40. There is no acceptable resolution to this problem.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	-------------------	-------	-------------------	---------------	----------------------	----------	----------------------

41. The parties may
decide to file for due
process.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

42. The issues were
not appropriate
for facilitation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Please add any additional comments:

Thank you for completing this survey. The information that you provide is very important and will help us improve the mediation process. WSEMS, P.O. Box 1881, 106 Wehr Physics, Milwaukee WI 53201-1881.

9/05

WSEMS# Facilitator#
**Individualized Education Program (IEP) Facilitation
 ATTORNEY Reporting Form**

Please help us evaluate the facilitation project by answering the following questions. The information on this reporting form will remain confidential. The form is returned to the system office and reviewed only by the intake coordinator and one system partner who also serves as the system evaluator. The information will never be reported in a way that could identify the parties to this IEP.

1. Your role: (Check one)

- Attorney for School District (1)
- Attorney for Parent/Guardian/ Adult Student (2)
- Other (3)(Describe: _____)

This section will explore your experience and role(s) in the facilitation process.

- 2. How many **facilitated sessions for this IEP** did you participate in? _____
- 3. Describe your primary role in this facilitation (please check one)
 Active participant (1)
 Advisor (2)
 Other (3) (describe)_____

SECTION A: About the Facilitation Process

This set of statements focuses on the IEP facilitation process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
4. I believe my client(s) understood the facilitation process.	1	2	3	4	5	6	7
5. Before the IEP meeting, my client(s) were given adequate information about the facilitation process.	1	2	3	4	5	6	7

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

6. It is important that my client feels a part of the IEP process.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

7. Facilitation provided my client with the opportunity to be a part of the IEP process.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

8. I believe my client understood the other participants' viewpoint.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

9. The issues that brought a facilitator to the IEP process was resolved to my clients' satisfaction.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

10. Overall, I was satisfied with the facilitation of the IEP.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

11. I believe the other participants understood my client's viewpoint.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

12. I would encourage future clients to participate in a facilitated IEP.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

13. This facilitation will improve future IEP meetings.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

SECTION B: About the Facilitator

This set of statements will focus on the person who acted as the facilitator. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement. (If you did not attend the IEP meeting(s) please skip this section and proceed to SECTION C).

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
14. It is important that the facilitator be knowledgeable in the field of special education.	1	2	3	4	5	6	7
15. The facilitator was knowledgeable in the field of special education.	1	2	3	4	5	6	7
16. The facilitator explained the facilitation process thoroughly.	1	2	3	4	5	6	7
17. The facilitator was NOT impartial.	1	2	3	4	5	6	7
18. The facilitator was respectful to all participants.	1	2	3	4	5	6	7
19. The facilitator tried to pressure my client into agreeing with the IEP.	1	2	3	4	5	6	7
20. The facilitator created a comfortable environment.	1	2	3	4	5	6	7
21. The facilitator utilized time adequately.	1	2	3	4	5	6	7
22. The facilitator was organized.	1	2	3	4	5	6	7

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

23. The facilitator did NOT keep the meeting focused. 1 2 3 4 5 6 7

24. I would use this facilitator again. 1 2 3 4 5 6 7

Did the IEP team develop an IEP at the facilitated meeting?

___yes (GO to SECTION C and SKIP SECTION D)

___no (SKIP SECTION C and GO to SECTION D)

___The team is continuing the IEP process without a facilitator - THEN STOP HERE

SECTION C: The IEP team developed an IEP (only fill this section out if an IEP team developed an IEP at the facilitated meeting)

This next set of statements will focus on the IEP the team developed during the facilitation process. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each of the statements by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
--	----------------	-------	----------------	------------	-------------------	----------	-------------------

25. I believe my client was satisfied with the IEP the team developed. 1 2 3 4 5 6 7

26. I believe the other participants will follow through with the IEP. 1 2 3 4 5 6 7

27. I believe the outcome of the facilitated IEP was better than my client had expected. 1 2 3 4 5 6 7

28. I believe a facilitated IEP process was helpful. 1 2 3 4 5 6 7

SECTION D: The IEP team did NOT develop an IEP (only fill this section out if the IEP team did NOT develop an IEP during the facilitation process)

This set of statements will focus on the possible reasons why the IEP team could not develop an IEP. Please tell us whether you **Strongly Agree, Agree, Slightly Agree, No Opinion, Slightly Disagree, Disagree, or Strongly Disagree** with each statement by circling one number to the right of each statement.

	Strongly Agree	Agree	Slightly Agree	No Opinion	Slightly Disagree	Disagree	Strongly Disagree
29. The facilitator was ineffective.	1	2	3	4	5	6	7
30. The other participants were unwilling to negotiate.	1	2	3	4	5	6	7
31. I believe my client(s) felt pressured to agree with the IEP.	1	2	3	4	5	6	7
32. My client(s) viewpoint was not respected.	1	2	3	4	5	6	7
33. I believe that the other participants will not follow through with the IEP.	1	2	3	4	5	6	7
34. The participants could not agree on an acceptable resolution.	1	2	3	4	5	6	7
35. I will advise my clients to take further action.	1	2	3	4	5	6	7
36. My client was unwilling to negotiate a resolution.	1	2	3	4	5	6	7

Any Additional Comments:

Thank you. WSEMS, P.O. Box 1881, 106 Wehr Physics, Milwaukee WI 53201-1881

EXAMPLES OF TREND REPORTS

Mediation Trend Report 2000 – June, 2005

Analysis of Participant Surveys (n=872)

Results of the surveys suggest that the participants understand the mediation process (97.8%; n=868) and believe that they were given adequate information about mediation (92.8%; n=869). Most believe that mediation provided an opportunity for them to be a part of the decision making process (92.6%; n=870) and were satisfied with mediation (88.6%; n=869). The majority of the participants (82.8%; n=861) believed that mediation provided a satisfactory outcome and would use mediation again (89.7%; n=865).

The results suggest that the participants approve of the performance of the mediators involved in their cases. Most believed that the mediators were knowledgeable in special education (81.8%; n=866) and were able to explain the mediation process thoroughly (97.3%; n=866). The participants believed that the mediators were neutral (86.6%; n=867), respectful (98.7%; n=867) and did not pressure the participants (90.5%; n=867). Results also suggest that the participants believed that the mediators created a comfortable environment (93.1%; n=866) while using time adequately (89.2%; n=868), maintaining organization (94.9%; n=868) and keeping the meeting focused (87%; n=866). The majority of participants (89.3%; n=862) would use their mediator again.

In those cases where an agreement was reportedly reached, 87.2% (n=698) were satisfied with the agreement and 83.3% believe that the agreement will solve the problem (n=705). Overall, most believe that the outcome of mediation was better than expected (66.6%; n=704). A small percentage of participants (19.6%; n=112) plan to take legal action post mediation. In summary, mediation appears to be an effective way to allow participants to voice their concerns with well trained mediators. The outcome of the mediation process appears to be satisfactory in the majority of cases and many would use mediation in the future if needed.

Analysis of Attorney Surveys (n=71)

The primary role of the attorneys who completed the surveys was an active role (73.2%) rather than a consultant role (25.4%). The majority of the attorneys believed that their clients understood the process (100%) and were given adequate information prior to the mediation (95.8%). The mediation meetings provided an opportunity for their clients to be a part of the decision making process (95.7%) and most attorneys believed (84.3%) that the dispute was resolved to their client's satisfaction. The majority of attorneys (91.5%) reported that they were satisfied with the mediation and would encourage future clients to participate in mediation (98.6%).

The results indicate that the attorneys believed that the mediators performed well. Most (93%) believed that the mediators were knowledgeable in special education, able to explain the process thoroughly (94.4%), while remaining impartial (88.7%) and respectful (94.4%). The attorneys reported that the mediators created a comfortable environment (95.8%) and they did not pressure the clients (84.5%). The results suggest that the attorneys believe the mediators were organized (94.4%), used time adequately (91.5%), and kept the meeting focused (88.7%). Most attorneys (92.9%) would use the mediator again.

When an agreement was reached (n=51), the attorneys believed that their client was satisfied with the agreement (96.2%) and that it would solve the problem (92.2%). The attorneys believed that the outcome was better than the client expected (72.5%) and that the outcome was better than the probable outcome of a due process hearing (88.2%). In regards to future legal action (n=16; 55 attorneys did not complete this item) 31.3% would advise their client to take legal action while 56.2% would not.

**Wisconsin Special Education
Mediation System
Trends
2005 - 2006**

Summary reports of surveys completed during the period of 2005-2006 were used to summarize major trends. Please refer to specific reports for quantitative data.

Mediation appears to be an efficient use of time as the number of mediation sessions continues to be approximately 1-2 sessions. Most cases reach an agreement during the mediation process (96%). Numerous special education professionals and family representatives attend the mediation sessions. The mother is more likely to attend the mediation session than the father.

When looking at the disabilities that were identified during the mediation sessions there appears to be several trends. Autism (33.3%) was identified as the most common disability that led to mediation. When two disabilities were identified the most common pairs included autism (32%). This suggests that the special needs of children with autism need to be specifically addressed. Emotional behavior disability was identified in 37% of the pairs and identified individually in 14% of the cases.

There have been varied concerns that have led to mediation. Most cases involve a number of issues. Communication breakdown has been identified in the majority of cases (51%) along with IEP issues (49%). Other common reasons include: disagreement over placement (39%) and denial of FAPE (35%).

More families are becoming litigious. Most families initiated court action (due process, IDEA complaint, OCR complaint, civil action) before mediation (71%) with over half of the cases (54.2%) initiating 5 actions. Most of these cases however were dismissed after mediation. Mediation appears to work as some type of agreement continues to be reached in most cases (96%). To avoid initiation of litigation, improved advertisement/marketing of the mediation system may diminish the number of court actions that are initiated.

There is an overwhelming trend that indicates that the participants, mediators and attorneys identify that mediation was helpful. Mediators consistently believe that the mediator training is helpful. Participants and attorneys also report that they would use the same mediator again. All parties involved believe that adequate information is provided to the participants and allows participants to be a part of the decision making process. This suggests that the process is working for all people involved and that the mediators are performing their jobs well.

In conclusion, the mediation system provides adequate training for the mediator; a helpful process for the participants, allowing for involvement in the decision-making skills; and attorneys believe they would utilize mediation again. Mediation appears to have decreased the number of post mediation litigation decisions and overall, parties are satisfied.

IEP Facilitation Trend Report Pilot - 2006

Summary reports of surveys completed during the period of the pilot – 2006 were used to summarize major trends. Please refer to specific reports for quantitative data.

The number of families choosing to use the Wisconsin Special Education Mediation System for IEP facilitation is relatively large. IEP facilitation appears to be an efficient use of time as the average number of IEP facilitation sessions needed is between 1-2 sessions. IEP facilitation appears to be effective as the majority of IEP teams have met before the need for IEP facilitation was established. In a large majority of the cases (85%), a consensus is reached during the IEP facilitated process.

There is a trend that families are becoming more litigious. Approximately 1/3 of families are taking legal action prior to the IEP facilitation. The initial impression of the survey results suggest that after IEP facilitation, many of these court actions are dismissed, amended or an agreement is reached. To avoid initiation of litigation, improved advertisement/marketing of the mediation system may diminish the number of court actions that are initiated.

Numerous disciplines and family representatives attend the mediation sessions. The mother is more likely to attend the meeting than the father and school officials. The parents rarely invite an attorney to the IEP facilitated meetings.

When looking at the disabilities that were identified during the IEP facilitated sessions there appears to be several trends. Emotional Behavioral Disability (43%), Autism (18%) and Specific Learning Disability (11%) were identified as common disabilities that led to IEP facilitation. When two or more disabilities were identified Speech & Language Impairments (56%), Emotional Behavioral Disability (37%) and Autism (30%) were most frequently identified as an issue. This may suggest that needs of children with these disabilities need to be specifically addressed.

There have been varied issues that lead to the need for IEP facilitation. The most common issue that leads to IEP facilitation is communication breakdown. Other common concerns include: placement issues, behavior intervention plan issues, IEP issues and a concern that that the IEP is not being followed.

There is an overwhelming trend that indicates that the participants, facilitators, and attorneys identify that mediation IEP facilitation was helpful. The majority of facilitators (75%) and participants (79%) believe that the facilitated IEP sessions will lead to improved future IEP meetings. Participants and attorneys also report that they would use the same facilitator again. All parties involved believe that adequate information is provided to the participants and allows participants to

to be a part of the decision making process. This suggests that the process is working for all people involved and that the mediators are performing their jobs well.

In conclusion, the mediation system provides adequate training for the facilitator; a helpful process for the participants, allowing for involvement in the decision-making skills; and attorneys believe they would utilize the facilitated IEP process again. IEP facilitation appears to have decreased the number of post IEP facilitation litigation decisions and overall, all parties are satisfied.

WHY IS IT IMPORTANT TO EVALUTATE?

- **EFFECTIVENESS**
- **IMPROVEMNET/ADDITION/REVISION**
- **CONTINUED FUNDING**
- **COMMUNICATION TO THE PUBLIC AND PROPSECTIVE USERS**

EXAMPLE:

D. Data and Accountability - While IDEA 2004 emphasizes "reduction in paperwork," it also

states its purpose as "...to assess and ensure the effectiveness of efforts to educate children with disabilities." Sec. 682 9(d)(4)

In the period from August 17, 2003 through August 16, 2004, the system received 64 requests for mediation, averaging 5.3 cases per month. Of the 64 requests, 40 went to a mediation session. In 7 cases, one party declined to participate, and in 14 cases the request for mediation was withdrawn. This means that 40 cases "went to the table" through a mediation session. The partners believe this occurred because of the intensive brokering that the system provides to prospective participants.

Of the 40 cases that went to session, 37 reached agreement - 30 a complete agreement and 7 a partial agreement. This means that the system currently has a 93% settlement rate.

While settlement rate is important, it is not the only criterion with which to measure the success of the system. The partners continue to emphasize and refine methods for evaluation of the participants' satisfaction with the system. The system currently uses three (mediator, participant, and attorney) quantitative forms. The current forms have reflected a high degree of satisfaction from all three reporting categories.

Success measured by satisfaction:

n = 745 participant reporting surveys

88% of the participants were satisfied with mediation

Samuels, WSEMS Trends 2000-2004

Dr. Linda Samuel, the research methodologist, has completed a report of the raw data and has assisted the project in identifying preliminary trends in the system. Some of the data has been posted to the WSEMS website. Dr. Samuel has recently provided a trend analysis.