

**New York State Education Department  
Individualized Education Program (IEP) Facilitation**

<b>Evaluation</b>
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The New York State Education Department (NYSED) is asking for your opinion of the facilitated IEP meeting you recently took part in. This questionnaire will help us to determine if the use of IEP Facilitation helped in the process to develop the IEP. Your responses to the questions will remain private. If you have any questions, please feel free to contact the Due Process Unit at NYSED Office of Special Education at (518) 473-0170.

**Date of IEP Facilitation:**

**School District:**

**Role of Person Completing this Form:**

**The following questions are about the IEP Facilitation meeting:**

1. What was the result of the IEP Facilitation? Please select one:

Agreement on all issues – IEP completed	Agreement on some but not all issues	No agreement on any issues in the IEP
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2. Did you have enough time to talk about your issues and concerns during the IEP Facilitation? Please select one:

Had enough time to talk about issues and concerns	Had some time to talk about issues and concerns	Had no time to talk about issues and concerns
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3. If you reached agreement on the IEP, do you feel you had enough involvement in determining the content of the IEP? Please select one:

Yes	No

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

The IEP facilitation has improved the relationship.	The IEP facilitation had little or no effect.	The IEP facilitation has hurt the relationship.
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5. Did the IEP Facilitation experience provide plans or ideas for use in future IEP meetings? Please select one:

Yes	No
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**The following questions focus on the role of the IEP Facilitator:**

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

Listened and understood fully	Partially listened and understood	Did not listen or understand
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7. How well did the IEP Facilitator help with making sure that you were heard and understood at the facilitation session? Please check one:

The IEP Facilitator helped a lot.	The IEP Facilitator helped a little.	The IEP Facilitator did not help.
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8. How did you feel about the fairness of the IEP Facilitator? Please check one:

The IEP Facilitator was fair and did not favor either party.	The IEP Facilitator favored the school.	The IEP Facilitator favored the family.
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9. How helpful was the IEP Facilitator in helping to get everyone to discuss the student's needs and to suggest and consider choices for resolving problems related to the IEP? Please check one:

Very helpful	Somewhat helpful	Not at all helpful
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10. Did the IEP Facilitator use charts or visuals? If so, were they helpful in guiding CPSE/CSE members to stay on task?

The IEP Facilitator used charts or visuals and they were helpful.	The IEP Facilitator used charts or visuals and they were somewhat helpful.	The IEP Facilitator used charts or visuals and they were not helpful.	The IEP Facilitator did not use charts or visuals.
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**The following questions relate to your satisfaction with the IEP Facilitation process.**

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

Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
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12. Did the IEP Facilitation process prevent the need for other likely means of resolving this matter (e.g., mediation, due process hearing, and special education complaint)? Please check one:

Yes	No
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13. Would you recommend this process to others? Please check one:

Yes	No
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If not identified in this evaluation, what actions of the IEP Facilitator (good or bad) were most important to you?

14. Please provide any suggestions for improvement of the IEP Facilitation process.

If you would like someone from the NYSED P-12: Office of Special Education to contact you to talk about this evaluation, please provide your name and contact information.

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Please mail the completed form to:

**New York State Education Department  
Office of Special Education  
89 Washington Avenue  
Room 309 EB  
Albany, New York 12234  
Attention: Due Process Unit**