



# Exceptional Children Division

## Facilitation Feedback Form

Program for Facilitated IEP Team Meetings

Case # \_\_\_\_\_

Please indicate your position on the IEP Team.

- Parent/Guardian       LEA Representative       Other: \_\_\_\_\_  
 EC Teacher       General Ed Teacher

Please rank the following items.

|   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| <b>RESULTS</b>  |                |       |         |          |                   |
| <i>Did the meeting result in:</i>                                   |                |       |         |          |                   |
| Informed decisions  |                |       |         |          |                   |
| Clear understanding of who is responsible for which follow-up tasks |                |       |         |          |                   |
| <b>PROCESS</b>  |                |       |         |          |                   |
| <i>Did the process used in the meeting:</i>                         |                |       |         |          |                   |
| Encourage participation   |                |       |         |          |                   |
| Unfold in a logical, organized manner                               |                |       |         |          |                   |
| Facilitate information exchange and decision-making                 |                |       |         |          |                   |
| <b>RELATIONSHIP</b>   |                |       |         |          |                   |
| <i>Were the interpersonal relationships characterized by:</i>       |                |       |         |          |                   |
| Openness and honesty  |                |       |         |          |                   |
| Respect and courtesy  |                |       |         |          |                   |
| <b>THE FACILITATOR</b>  |                |       |         |          |                   |
| Prepared an agenda  |                |       |         |          |                   |
| Established ground rules  |                |       |         |          |                   |
| Kept the team on task   |                |       |         |          |                   |
| Maintained focus on student needs                                   |                |       |         |          |                   |
| Enforced ground rules consistently                                  |                |       |         |          |                   |
| Remained impartial throughout process                               |                |       |         |          |                   |
| Assisted with developing action plan                                |                |       |         |          |                   |
| <b>DECISION-MAKING</b>  |                |       |         |          |                   |
| I had an active role in the meeting.                                |                |       |         |          |                   |
| My concerns were heard.   |                |       |         |          |                   |
| Consensus was reached on all agenda items.                          |                |       |         |          |                   |

***Please use the space below for any comments about the facilitator and/or the facilitation process.***

---



---



---