



Office for Dispute Resolution

Case Number: 01791-10-11-LS

LEA: Berks County IU/EI

Mediator: Haussmann

Mediation Date: January 10, 2011

Evaluator: LEA Parent(s)

Thank you for participating in the mediation process. We ask that you take a few minutes to complete this evaluation as it is important for the Office for Dispute Resolution (ODR) to receive your feedback.

Mediation Evaluation Questionnaire

1. With regard to ODR, please indicate your satisfaction with the staff explaining the mediation procedures, contacting the parties and scheduling the mediation

Satisfied *Neutral* *Dissatisfied*

Comments: _____

Now think about the mediator in your case. Circle a response which represents your opinion about the following questions.

2. Did the mediator explain
- | | | | |
|--------------------------------|------------|------------------|-----------|
| the mediation process | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| his/her role in mediation | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| each party's role in mediation | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |

Comments: _____

3. Did the mediator
- | | | | |
|--|------------|------------------|-----------|
| listen to your concerns | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| understand the issues | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| treat you with respect | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| help you clarify and prioritize your concern | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |

Comments: _____

4. Did the mediator foster an environment where
- | | | | |
|--|------------|------------------|-----------|
| ideas and concerns could be shared | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| mutual respect and understanding were encouraged | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| the parties could work together to develop solutions | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| anger and tension could be expressed constructively | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |

Comments: _____

5. If the parties had difficulty developing solutions, did the mediator help the parties
- | | | | |
|-------------------------------|------------|------------------|-----------|
| move past serious differences | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| clarify information | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| problem solve | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |

Comments: _____

6. Is an IEP, IFSP or service agreement meeting scheduled to accommodate any changes resulting from the mediation agreement?
- | | | | |
|--|------------|------------------|-----------|
| | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
|--|------------|------------------|-----------|

Comments: _____

7. Would you contact ODR and request mediation services for any future special education disputes?
- | | | | |
|--|------------|------------------|-----------|
| | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
|--|------------|------------------|-----------|

Comments: _____

8. As a result of this mediation, do you feel that you have established better communication with the other party, a better understanding of their concerns, and be able to discuss issues more openly and constructively in the future?
- | | | | |
|--|------------|------------------|-----------|
| | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
|--|------------|------------------|-----------|

Comments: _____

9. Overall, how satisfied were you with the results of mediation?
- | | | |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Neutral | <input type="checkbox"/> Not Sure |

10. Do you have any suggestions on ways to improve mediation?
- _____
- _____

Signature (Optional) _____
Date

Please return this completed evaluation questionnaire to ODR. We appreciate your response. _____