



Office for Dispute Resolution

Resolution Meeting Pilot Project

Case Number # 0000/07-08 LEA

Thank you for participating in the Resolution Meeting pilot project. We ask that you take a few minutes to complete this evaluation. It is important for the Office for Dispute Resolution (ODR) to receive your feedback so that we can evaluate the effectiveness of having facilitators participate in Resolution Meetings.

Resolution Meeting Evaluation

1. Please indicate your overall satisfaction with your interaction with ODR staff, as well as the procedures in place for the Resolution Meeting pilot project.

Satisfied *Neutral* *Dissatisfied*

Comments: _____

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

2. Did the facilitator explain:
- | | | | |
|-----------------------------------|------------|------------------|-----------|
| the resolution process | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| his/her role in the facilitation | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |
| each party's role in facilitation | <i>Yes</i> | <i>Undecided</i> | <i>No</i> |

Comments: _____

3. Did the facilitator:
- | | | | |
|--|------------|------------------|-----------|
| 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 facilitator 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 facilitator 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. Did you trust your facilitator: *Yes* *Undecided* *No*
 If not, why: _____

7. How could the facilitator have been more helpful?

8. Was the Resolution Meeting what you expected? *Yes* *Undecided* *No*
 If not, please explain: _____

9. Was there an agreement on all of the clarified issues? If not please identify those issues and explain why they were not resolved?

10. As a result of the Resolution Meeting, do you anticipate that the due process request will be withdrawn? *Yes* *Undecided* *No*

Comments: _____

11. Would you contact ODR and request facilitation services for any future special education disputes? *Yes* *Undecided* *No*

Comments: _____

12. As a result of this facilitation, 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? *Yes* *Undecided* *No*

13. Overall, how satisfied were you with the results of the Resolution Meeting?
 ___ Very Satisfied ___ Satisfied ___ Dissatisfied
 ___ Very Dissatisfied ___ Neutral ___ Not Sure

14. Is there anything about your Resolution Meeting experience that you would like to share?

 Signature (Optional)

 Date

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