Facilitation Summary Form & Self-Evaluation

Please Select 2. Case Number (F-YY-MM-DDa) 3. School District Name 4. Parent/Guardian Last Name 5. Date of meeting	Facilitation Information	TOTED
2. Case Number (F-YY-MM-DDa) ' 3. School District Name ' 4. Parent/Guardian Last Name ' 5. Date of meeting	1. Facilitator First & Last Name '	
3. School District Name 4. Parent/Guardian Last Name 5. Date of meeting	Please Select T	
4. Parent/Guardian Last Name 5. Date of meeting	2. Case Number (F-YY-MM-DDa) *	
5. Date of meeting	3. School District Name	
	4. Parent/Guardian Last Name *	
6. Major issues facilitated	5. Date of meeting	
	6. Major issues facilitated	<u> </u>

7.	Agreement
	O Agreement not reached
	Agreement reached on some, but not all major issues
	O Agreement reached on all major issues
	Other (explain)
	Comments
8	Level of Contentiousness
	Very high conflict, required continual use of advanced conflict management skills
	O High conflict, occasionally required use of advanced conflict management skills
	Average amount of conflict, required facilitation and communication skills to keep process moving forward
	O Little or no conflict, facilitator skills used intermittently
	Comments
9.	Relationship Dynamics
	 Relationship between parent and school is significantly damaged; they have a strained or non-functioning working relationship.
	O Relationship between parent and school is fragile and uncertain, likely further SDE intervention will occur.
	Relationship between parent and school is workable, although tentatively so.
	Relationship seems to have improved and team seems likely to be able to work together in the future.

Please e	valuate your performance regarding the following.	
T touse et	retained your partormance regarding the rottowning.	
10. Educa	ated the parties about the facilitation process.	
O Po	por	
O Be	elow Average	
O Av	verage	A A
O Al	pove Average	750
O Su	uperior	
ON	/A	
11. Estab	lished ground rules for everyone to follow.	
O Po	por	
ОВе	elow Average	
OA	verage	
O AL	pove Average	
O Si	uperior	
ON	/A	
12. Guide	ed the process.	
O Po	por	
O Be	elow Average	AV
O AV	verage	ETT
O Al	oove Average	T
O St	uperior	

13. Gave each party ample time to present their views.					
O Poor					
O Below Average					
○ Average					
O Above Average					
O Superior					
O N∕A					
14. Rephrased and or summarized information.					
○ Poor					
O Below Average					
○ Average					
O Above Average					
O Superior					
O N∕A					
15. Demonstrated impartiality throughout the session.					
O Poor					
O Below Average					
○ Average					
O Above Average					
O Superior					
O N/A					

16. Addressed all issues adequately.	
O Poor	
O Below Average	
○ Average	
Above Average	
O Superior	
O N∕A	
17. The overall rating of your performance.	
O Poor	
O Below Average	
○ Average	
O Above Average	
O Superior	
O N∕A	
18. Identify topics on which you would like more training. Evaluation of the Dispute Resolution Office	
19. Please comment on areas the Dispute Resolution Office was helpful and/or could have	e heen more helpful
19. Prease comment of a least the Dispute Resolution Office was freightful and/of could have	Section Reputation