



Advocates for Justice and Education, Inc.

The Parent Training and Information Center for the District of Columbia

Facilitated Individualized Education Program Participant Outcomes Survey

Please take a few minutes to provide information about your experience with the Facilitated IEP Meeting process you recently participated in. Your responses will remain anonymous.

I am a:

Parent/Guardian/Adult Student

LEA Representative

School Name _____ Date(s) of Facilitated IEP _____

Name of IEP Facilitator _____

Respond to each statement by indicating the degree to which you agree with that statement. Please check the appropriate box for each outcome.

Outcome	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The facilitator explained the Facilitated IEP process and her/his role as facilitator.						
I received information prior to the Facilitated IEP meeting that helped me prepare.						
I understood everything discussed at the meeting						
The facilitator kept the meeting focused on the child's needs.						
I was able to discuss everything I wanted to at the meeting						
I contributed to the development of the IEP						

I have outstanding questions or concerns about the following issues: *More than one item can be selected.*

Specialized Instruction goals

IEP Accommodations

Related Services

Placement (amount of time in or out of general education)

Location (school student attending)

Other (please specify)

I am likely to request a facilitator for future meetings? *Please check one.*

Yes No Unsure

Do you have any other comments?

The Resolution Project appreciates your time and responses for this survey. Your responses are valuable and will be used to improve the program.