



FACILITATED IEP – PARTICIPANT EXIT SURVEY
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
SPECIAL EDUCATION
SFN 61025 (02-2016)

RETURN TO:
Department of Public Instruction
Office of Special Education
600 E Boulevard Avenue, Dept. 201
Bismarck, ND 58505-0440

The North Dakota Department of Public Instruction (NDDPI), Special Education Unit conducts ongoing evaluation of its services. Your input is essential for continued improvement of those services. Please take a few minutes to respond to the following questionnaire about your experience in a facilitated Individual Education Plan (IEP) meeting. Your responses are considered confidential and any reproduction of your comments will contain no reference to your identity.

Please identify your role in the facilitated IEP		
<input type="checkbox"/> Parent/Guardian or Student	<input type="checkbox"/> Parent/Family Representative	
<input type="checkbox"/> School District Representative	<input type="checkbox"/> Other - please specify	
1. The facilitator clearly explained their role and the facilitation process.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
2. The facilitator was skilled at listening and understanding my concerns.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
3. The facilitator asked relevant questions.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
4. The facilitator was knowledgeable of relevant laws and regulations.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
5. The facilitator was impartial and treated me fairly.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
6. If the IEP was completed, do you feel you had an appropriate level of input in the development of the IEP?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
7. I was satisfied with the outcome of the facilitated IEP.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
8. I would use facilitation again. Why or why not?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, describe	
9. Based on the information, communication or materials provided by the facilitator and NDDPI, how prepared did you feel for the IEP meeting?		
<input type="checkbox"/> Prepared	<input type="checkbox"/> Somewhat prepared	<input type="checkbox"/> Unprepared
Describe		
10. To what extent did you have an opportunity to relate your issues and concerns during the IEP meeting?		
<input type="checkbox"/> Had full opportunity	<input type="checkbox"/> Some opportunity	<input type="checkbox"/> No opportunity
Describe		

11. How was the facilitator most helpful?

We welcome any comments or suggestions for improvement related to your experience with this facilitation