

## **MEETING EVALUATION FORM**

Alternative Dispute Resolution (ADR) Level of Service Participation: Please check the box that represents the level of ADR service you participated in.

Phone Consultation

**Collaborative Conference** 

Level 1:

Level 2:

Level 3:	Facilitated IEP Meeting			
Level 4:	SELPA Level Mediation (n	ot part of IDEA)		
Directions: Circle the number that shows how much you agree or disagree with each statement				
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	
1. I was very pleased with the level of ADR service I participated in.				
1	2	3	4	
2. The facilitator/mediator was skilled and knew when to intervene or just listen.				
1	2	3	4	
3. The facilitator/mediator was impartial and did not take sides.				
1	2	3	4	
4. The facilitator/mediator did not give opinions or imply a particular decision would be right or wrong.				
1	2	3	4	
5. All members who participated in the ADR meeting had an opportunity to speak and be heard.				
1	2	3	4	
5. I felt my concerns were heard, even if not agreed with by the district/parent(s)/guardian(s).				
1	2	3	4	
7. I feel good about the outcome of the meeting and what was accomplished.				
1	2	3	4	
8. Agreement was rea	ached on (circle) all	some	none of the disputed top	oics.
9. Would you recommend an ADR service to others? YES NO				



Please provide comments below to help us continue to improve the ADR program and services offered.