



**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.

- Level 1:** Phone Consultation
- Level 2:** Collaborative Conference
- Level 3:** Facilitated IEP Meeting
- Level 4:** SELPA Level Mediation (not part of IDEA)

Directions: Circle the number that shows how much you agree or disagree with each statement

<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
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
6. 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 reached on (circle) <b>all</b> <b>some</b> <b>none</b> of the disputed topics.			
9. Would you recommend an ADR service to others? <b>YES</b> <b>NO</b>			



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