

**Wisconsin Special Education Mediation System  
 Post-Mediation **PARTICIPANT** Form**

Please help us evaluate the Wisconsin Special Education Mediation System by answering the following questions and returning this form in the addressed, stamped envelope that accompanies this questionnaire or fax to the number on the last page. Non-identifying information is used for data collection as well as for training purposes. Thank you for your assistance.

1. Your role (please check one):

\_\_\_\_\_ Parent/Guardian (3)

\_\_\_\_\_ Participating with the Family (for example, family other than parent or guardian) (1)

\_\_\_\_\_ Participating with the School District (2)

**SECTION A: About the Mediation Process**

This first set of statements focuses on the mediation process.

Please tell us whether you **Strongly Agree, Agree, Slightly Agree, Slightly Disagree, Disagree or Strongly Disagree** with each of these statements by circling one number to the right of the statement.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
2. I understood the mediation process.	1	2	3	5	6	7
3. Mediation gave me the opportunity to be part of the resolution process.	1	2	3	5	6	7
4. Overall, I was satisfied with the mediation process.	1	2	3	5	6	7
5. I would use mediation again to resolve a dispute.	1	2	3	5	6	7

**SECTION B: About the Mediator (s)**

This set of statements will focus on the person who acted as the mediator.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
6. The mediator explained the mediation process thoroughly.	1	2	3	5	6	7
7. The mediator was impartial.	1	2	3	5	6	7
8. The mediator did not try to pressure me into an agreement.	1	2	3	5	6	7

WSEMS Case #: \_\_\_\_\_

Mediator #: \_\_\_\_\_

9. The mediator created a comfortable environment.	1	2	3	5	6	7
	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
10. The mediator used time adequately.	1	2	3	5	6	7
11. The mediator kept the meeting focused.	1	2	3	5	6	7
12. I would use this mediator again.	1	2	3	5	6	7

13. Did you reach an agreement during the mediation process? (1/Y, 2/N)

\_\_\_\_\_ **Yes (GO to SECTION C and SKIP SECTION D)**

\_\_\_\_\_ **No (SKIP SECTION C and GO to SECTION D)**

**SECTION C: About the Agreement** If you did not reach an agreement, skip this section and proceed to SECTION D).

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
14. I am satisfied with the agreement reached.	1	2	3	5	6	7
15. I think the agreement will help resolve the dispute.	1	2	3	5	6	7
16. I believe that the other parties will follow through with the agreement.	1	2	3	5	6	7
17. The outcome of the mediation was better than I expected.	1	2	3	5	6	7

**SECTION D: Agreement not reached** If you reached an agreement, please skip this section.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
18. The mediator was ineffective.	1	2	3	5	6	7
Explain:						
19. The other parties' were unwilling to negotiate a resolution.	1	2	3	5	6	7

WSEMS Case #: \_\_\_\_\_

Mediator #: \_\_\_\_\_

20. I believe the other party would not follow through with an agreement.	1	2	3	5	6	7
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**SECTION E: Demographic information.** The following question is voluntary and will be used for research purposes only. All information is anonymous and will not affect the mediation process.

21. Did you request the mediation? \_\_\_Yes \_\_\_No

How would you describe yourself:

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Asian

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Two or More Races

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Prefer not to answer

Any Additional Comments:

Thank you.

Email to: [gia@wsems.us](mailto:gia@wsems.us) or mail to: Gia Pionek 6650 W State Street, #D 168 Wauwatosa, WI 53213

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The Wisconsin Special Education Mediation System (WSEMS) is administered by Gia Pionek and receives funding through the WI Department of Public Instruction. WSEMS may desire to use anonymous case file information for the purpose of evaluating its services, designing future programs, and engaging in academic research, analysis and publication. By filling out and returning this form, the party agrees to such use, and understands that his/her name and other identifying information will remain confidential. WSEMS greatly appreciates the cooperation of all parties in its on-going goal of receiving feedback and using such feedback to continue to provide quality services to parents and districts

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