

**WSEMS MEDIATOR Reporting 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. Place an **X** in the space in front of each person who was in attendance at the mediation. (1/Y, 2/N)

- |  |  |
|--|--|
| <input type="checkbox"/> Mother                        | <input type="checkbox"/> District/County Social Worker         |
| <input type="checkbox"/> Father                        | <input type="checkbox"/> Director Special Ed/Pupil Services    |
| <input type="checkbox"/> Guardian                      | <input type="checkbox"/> Superintendent/District Administrator |
| <input type="checkbox"/> Other family member           | <input type="checkbox"/> Principal /Assistant Principal        |
| <input type="checkbox"/> Parent/Family Advocate        | <input type="checkbox"/> Occupational Therapist                |
| <input type="checkbox"/> Attorney for Family           | <input type="checkbox"/> Physical Therapist                    |
| <input type="checkbox"/> Attorney for School District  | <input type="checkbox"/> Speech & Language Pathologist         |
| <input type="checkbox"/> Special Education Coordinator | <input type="checkbox"/> Student – under 18                    |
| <input type="checkbox"/> School Psychologist           | <input type="checkbox"/> Student – over 18                     |
| <input type="checkbox"/> Regular Education Teacher     | <input type="checkbox"/> Special Education Teacher             |
| <input type="checkbox"/> Other (describe): _____       |  |

2. Place an **X** in the space in front of one choice below:

- No disability has been identified at this time (15)
- One or more than one disability has been identified (14)

**If you chose the second option, please place an X in the space in front of each disability involved (no more than 3).**

- |  |  |
|--|--|
| <input type="checkbox"/> Autism (1)                          | <input type="checkbox"/> Other Health Impaired (11)                      |
| <input type="checkbox"/> Emotional Behavioral Disability (2) | <input type="checkbox"/> Traumatic Brain Injury (12)                     |
| <input type="checkbox"/> Specific Learning Disability (3)    | <input type="checkbox"/> Visual Impairment (13)                          |
| <input type="checkbox"/> Orthopedically Impaired (4)         | <input type="checkbox"/> Significant Developmental Delay (3-9 years) (5) |
| <input type="checkbox"/> Language Impairment (6)             | <input type="checkbox"/> Intellectual Disability (8)                     |
| <input type="checkbox"/> Hearing Impairment (9)              |  |

3. The number of mediation sessions used for this case \_\_\_\_\_.

4. The average length of each mediation session was \_\_\_\_\_ hrs \_\_\_\_\_ mins.

5. Below is a list of concerns that often lead to conflict in special education. Place an **X** next to the main concerns that were addressed in your mediation. (1/Y, 2/N)

- |   |   |
|---|---|
| <input type="checkbox"/> Extended school year (ESY)                         | <input type="checkbox"/> Dispute with a teacher or aide   |
| <input type="checkbox"/> Denial of Free Appropriate Public Education (FAPE) | <input type="checkbox"/> Other personnel issues           |
| <input type="checkbox"/> Transportation issues                              | <input type="checkbox"/> Related services                 |
| <input type="checkbox"/> Communication breakdown                            | <input type="checkbox"/> Request for an IEE               |
| <input type="checkbox"/> Reimbursement for private school                   | <input type="checkbox"/> Transition from birth-to-three   |
| <input type="checkbox"/> IEP Issues   | <input type="checkbox"/> Transition from high school      |
| <input type="checkbox"/> IEP not being followed                             | <input type="checkbox"/> Discipline                       |
| <input type="checkbox"/> Functional Behavioral Assessment                   | <input type="checkbox"/> Safety Issues                    |
| <input type="checkbox"/> Disagreement over identification                   | <input type="checkbox"/> Disagreement over accommodations |
| <input type="checkbox"/> Disagreement over placement                        | <input type="checkbox"/> Assistive technology             |
| <input type="checkbox"/> Other: _____                                       | <input type="checkbox"/> Behavior Intervention Plan       |
|   | <input type="checkbox"/> Literacy                         |
|   | <input type="checkbox"/> Shortened School Day             |

6. For each action listed below, please place an **X** in the box to the right that best describes the outcome.

<b>Actions</b>	<b>Not Initiated (0)</b>	<b>Withdrawn due to mediation agreement (1)</b>	<b>Continuing after mediation (2)</b>	<b>Unknown (3)</b>
WDPI Due process				
WDPI IDEA complaint				
Civil Class Action lawsuit				
Individual civil lawsuit				
OCR complaint				

7. What was the outcome of the mediation?

- |   |  |
|---|--|
| <input type="checkbox"/> Agreement reached (1)    | <input type="checkbox"/> Partial agreement reached (2)                           |
| <input type="checkbox"/> No agreement reached (3) | <input type="checkbox"/> Participant planning on taking further legal action (4) |

**SECTION A: About the Mediation Process**

This set of statements focuses on the mediation process.

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

	Strongly Agree (1)	Agree (2)	Slightly Agree (3)	Slightly (5) Disagree	Disagree (6)	Strongly (7) Disagree
8. The participants fully understood the mediation process.						
9. Mediation gave each party the opportunity to be a part of the resolution process.						
10. I was satisfied with the mediation process.						

**SECTION B: About the Mediator (self-assessment)**

This set of statements will focus on your skills as a mediator.

	Strongly Agree (1)	Agree (2)	Slightly Agree (3)	Slightly (5) Disagree	Disagree (6)	Strongly (7) Disagree
11. I explained the mediation process thoroughly.						
12. I was impartial.						
13. I did not pressure any parties into agreement.						
14. I created a comfortable environment.						
15. I utilized time adequately.						
16. I kept the meeting focused.						

17. What additional training or information would have helped in mediating this case:

18. Was a full or partial agreement reached during the mediation process? (1y, 2n)

\_\_\_\_\_ YES (Go to SECTION C and SKIP SECTION D)

\_\_\_\_\_ NO (SKIP SECTION C and GO to SECTION D)

**SECTION C: About the Agreement (only fill this section out if an agreement was reached during the mediation process).**

	Strongly Agree (1)	Agree (2)	Slightly Agree (3)	Slightly Disagree (5)	Disagree (6)	Strongly(7) Disagree
19. Each party appears to be satisfied with the agreement.						
20. I believe the agreement will resolve the dispute.						
21. I believe that each party will follow through with the agreement.						
22. This was an appropriate case for mediation						

**SECTION D: Agreement NOT reached (Only fill this section out if an agreement was not reached during the mediation process)**

This set of statements will focus on the possible reasons why an agreement could not be reached. (If an agreement was reached, please skip this section).

	Strongly Agree (1)	Agree (2)	Slightly Agree (3)	Slightly Disagree (5)	Disagree (6)	Strongly (7) Disagree
23. I could have been more effective in resolving this dispute.						
Explain:						
24. The parties were unwilling to negotiate.						
25. There was concern that parties would not follow through with the agreement.						
26. The issues were not appropriate for mediation.						

Thank you. Please add any additional comments:

Email [gja@wsems.us](mailto:gja@wsems.us) or Mail: WSEMS, PO BOX 70693, Milwaukee, WI 53207

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