

IEP MEETING FEEDBACK

Please complete the survey and place it in the
ARD/IEP Evaluation Box in the office.

Name: _____ Date: _____

Your opinion of meeting effectiveness is important to us. Please indicate your level of satisfaction for each item below by circling the number that best reflects your opinion.

1
Strongly
Disagree

2

3

4

5
Strongly
Agree

1. The amount of notice I received enabled me to adequately prepare for the meeting.

1 2 3 4 5

2. The agenda and the sequence of the discussion was appropriate.

1 2 3 4 5

3. The method(s) used to make the decisions was fair to all participants.

1 2 3 4 5

4. I was given the opportunity to participate to the extent that I wanted.

1 2 3 4 5

5. My opinion, thoughts, and suggestions were valued.

1 2 3 4 5

6. I was treated with respect during the IEP meeting.

1 2 3 4 5

7. The decisions made by the IEP team will benefit the student.

1 2 3 4 5

Additional Comments:

Suggestions for improvement:

____ I would like to discuss my concerns with someone in charge of the IEP meetings.
I can be reached at _____.