

**Texas Education Agency
Special Education Mediation Survey**

*Thank you for participating in mediation.
Please help us evaluate and improve our mediation program by completing this survey.*

District/ Charter: _____ Mediator: _____ Date of Mediation: _____ Mediator chosen by: <input type="checkbox"/> Agreement between the parties <input type="checkbox"/> Assigned by TEA	Are you a: <input type="checkbox"/> School District Representative <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Parent Representative <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
I was referred to mediation by: <input type="checkbox"/> Due Process Hearing Officer <input type="checkbox"/> Attorney / Advocate	<input type="checkbox"/> School District Representative <input type="checkbox"/> Other: _____

Please answer the following questions:	Strongly Agree	Somewhat Agree	Disagree	Unsure	Comments
The mediator fully explained what was going to happen in mediation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The mediator was impartial and treated me fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The mediator was helpful in resolving this case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The mediator made it easy to share information and gave me a full opportunity to discuss my position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The mediator was knowledgeable about special education law and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The mediator did not pressure me to reach an agreement in mediation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The mediation session will result in an improved relationship between the ARD committee members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The information provided by TEA about mediation was easily accessible and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was satisfied with the TEA mediation process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I would recommend the TEA mediation process to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I would recommend this mediator to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What were the results of the mediation session?

- agreement
- no agreement
- other (specify) _____

Comments/ Suggestions:

Please return this completed form by mail, fax, or email to:

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Austin, TX 78701

Email: Brittney.Salaiz@tea.texas.gov

Fax: (512) 463-6027