Wisconsin Special Education Mediation System

> IEP Facilitation = Mediation = Resolution Process =

WSEMS & DISPUTE RESOLUTION OPTIONS

Nissan Bar-Lev & Courtney Salzer

Wisconsin Special Education Mediation System

Parents and Schools Working Together

WSEMS Intro

Funded by WDPI since 1996

Nationally-recognized Exemplar System

Partner team:

- Courtney Salzer, WI FACETS Exec. Dir.
- Nissan Bar-Lev, CESA 7 Special Ed. Director
- Gia Pionek, Mediation Partner, System Administrator and Intake Coordinator

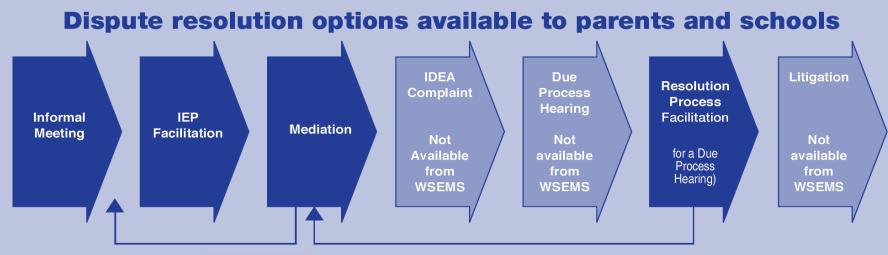
Latino Outreach Coordinator

 Nelsinia Ramos, WI FACETS Associate Director & WSEMS Latino Outreach Coordinator

Stakeholder Designed System

WSEMS DR Options

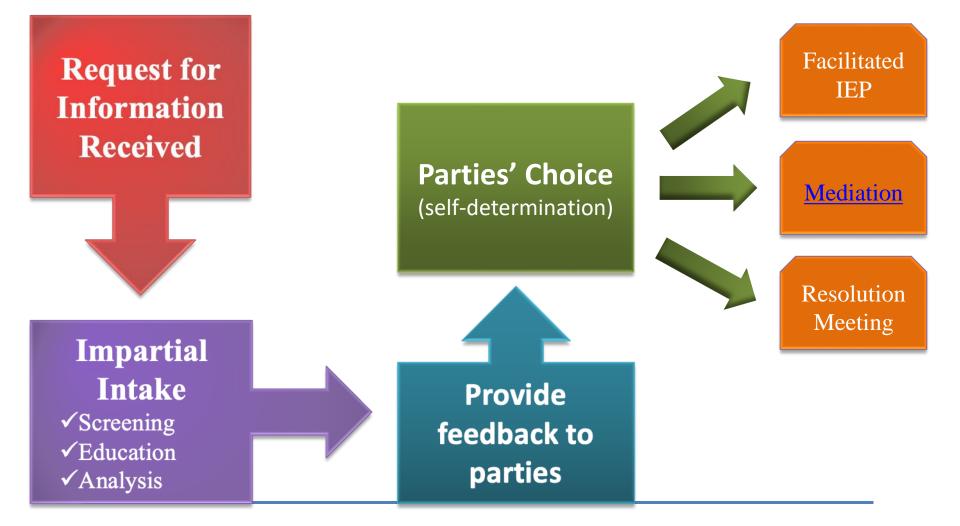
STATEWIDE SYSTEM



Choosing the dark blue options gives parents and schools more control over the outcome. For more information about the IDEA Complaint and Due Process Hearing options, contact the Wisconsin Department of Public Instruction at (608) 266-1781, or toll free 1-800-441-4563.

3

WSEMS Intake Process



WSEMS Roster

- Roster/list of neutrals
- Impartiality
- Selection
- Professional diversity <u>http://www.wsems.us/mediators.html</u>
- Training
- Used for both mediation & facilitation



WSEMS IEP Facilitation

- Option for early conflict resolution
- Trained, impartial professional (facilitator) attends IEP meeting to help IEP team with the process
- Free



When to Request IEP Facilitation

- Early in IEP Process
- If you think an IEP meeting will be difficult (trust issues, communication issues)
- For any IEP meeting (initial, annual, reevaluation, review/revision)

IEP Facilitation Request Form

- Contact WSEMS: 888-298-3857
- Complete <u>Request for</u>
 <u>Facilitated IEP</u> form (wsems.us/forms)
- Joint or individual request
- Voluntary process
- Case intake & screening

Name of School District Name of Parent/Guardian Address Address City State Zip Telephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Telephone Area/No. (Daytime) E-mail Check One	Wisconsin Special Education Mediation System	Wisconsin Specia Education Media System (WSEMS	tion you	TRUCTIONS: Complete and si r records. Submit signed form 1 SCONSIN SPECIAL EDUCATION	to:	
Either the parent or school district may initiate the facilitated IEP process by completing this form and mailing, emailing, or fasing the complet contact information provided above. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. Weel Midwith the parties, will appoint the Sicilitator for the IEP meeting. Toom a list of trained processions. Parties should by and contact the VISEMS will keep the parties notified about the progress of the request. We understand and agree to the following: Nee are requesting that the WSEMS work with the parties to choose a neutral facilitator from its roster. We understand that the WSEMS pays the fees of the facilitator. We understand that the WSEMS pays the fees of the facilitator. We understand that the WSEMS pays the fees of the facilitator. We understand that the WSEMS pays the fees of the IEP team. We understand that the facilitator is not a member of the IEP team. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION Name of School District Administrator Name of School District Administrator Remail Telephone Area/No. E-mail Telephone Area/No. E-mail Telephone Area/No. (Day meeting a Facilitated IEP meeting. Date of The date and time are set for the IEP meeting. Date/Time: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (b) items noted above. }			665 Wa	0 W. State Street, #D 168 uwatosa, WI 53213		
contact information provided above. 2. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. 3. Bathes should the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. 3. Parties should the pare contact the VISEMS will keep the parties notified about the progress of the request. Image: the parent of the VISEMS will keep the parties notified about the progress of the request. Image: the VISEMS will keep the parties notified about the progress of the request. Image: the VISEMS will keep the parties notified about the progress of the request. Image: the VISEMS will keep the parties notified about the progress of the request. Image: the VISEMS will keep the parties notified about the progress of the request. Image: the VISEMS will keep the parties notified about the progress of the following: Image: the VISEMS will keep the Parties notified about the progress of the contact information roots an eutral facilitator from its roster. Image: the undenstand that the WISEMS pays the fees of the facilitator. Image: the undenstand that the facilitator is not a member of the IEP team. Image: the vise of school District Administrator Name of School District Administrator Name of School District Administrator Name of School District Name of School District <th></th> <th></th> <th>Inst</th> <th>ructions</th> <th></th> <th></th>			Inst	ructions		
Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided abort WBENS, with input from the parties, will appoint a facilitation for the IEP meeting from a list of trained professionals. A Parties should by and contact the VSEMS at least two weeks pict or but IEP meeting and the progress of the request. We understand and agree to the following: I. We are requesting that the WSEMS takes the weeks pict or but IEP meeting and the request. We understand that the WSEMS pays the fees of the facilitator. Intake Coordinator, and System Adra access to information about the student, including information from the IEP document, disability information day schedule. We understand that the facilitator is not a member of the IEP team. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION Name of School District Administrator GENERAL INFORMATION Name of School District Administrator GENERAL INFORMATION Rame as store the IEP meeting. Date/Time: Gene The date and time are set for the IEP meeting. Date/Time: GINATURES We understand that Facilitated IEP meeting. Date/Time: SIGNATURES			cilitated IEP process b	y completing this form and mail	ing, emailing, or faxing	the completed
Parties should by and contact the WSEMS at least two weeks prior to the IEP meeting. Both parties must agree to the IEP facilitation in order process to take place. The WSEMS will keep the parties notified about the progress of the request. We understand and agree to the following:	2. Both the parents and school	district may jointly comp				rovided above
						ation in order (
	 Parties should try and contact process to take place. The V 	VSEMS will keep the p	arties notified about t	he progress of the request.	agree to the IEP facilit	ation in order t
2. We understand that the WSEMS pays the fees of the facilitator. 3. We understand that signing this request gives the VSEMS facilitator, Intake Coordinator, and System Adm access to information about the student, including information from the IEP document, disability information day schedule. 4. We understand that the facilitator is not a member of the IEP team. 5. We understand that the facilitator cannot provide legal advice to any participant. Selected INFORMATION Name of School District Administrator		We	understand and	agree to the following:		
2. We understand that the WSEMS pays the fees of the facilitator. 3. We understand that signing this request gives the VVSEMS facilitator, intake Coordinator, and System Adm access to information about the student, including information from the IEP document, disability information day schedule. 4. We understand that the facilitator is not a member of the IEP team. 5. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION Name of School District Administrator State Zip City State Zip City State Zip City State Zip Telephone Area/No. E-mail Telephone Area/No. Destroid the IEP meeting. Date/Time: Information SIGNATURES We understand that Facilitate IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	1. We are requesting	that the WSEMS	work with the par	ties to choose a neutral fa	acilitator from its	roster.
We understand that signing this request gives the WSEMS facilitator, Intake Coordinator, and System Adm access to information about the student, including information from the IEP document, disability information day schedule. We understand that the facilitator is not a member of the IEP team. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION Name of School District Administrator						
access to information about the student, including information from the IEP document, disability information day schedule. We understand that the facilitator is not a member of the IEP team. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION GENERAL INFORMATION Name of School District Administrator Name of School District Address City State Zip City State Zip City State Zip Telephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail City State Zip The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.		5.4			andicates and O	
4. We understand that the facilitator is not a member of the IEP team. 5. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION Name of School District Administrator Name of School District Address City State Zip City State Zip City State Zip Telephone Area/No. E-mail Check One The date and time are set for the IEP meeting. Date/Time: I(we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	access to informat					
S. We understand that the facilitator cannot provide legal advice to any participant. GENERAL INFORMATION Name of School Datrid Administrator Name of School Datrid Address City State Zip City	day schedule.					
GENERAL INFORMATION Name of School District Administrator Name of Student Date of Name of Student Name of School District Name of Parent/Guardian Address Address Address Address City State Zip Telephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Check One The date and time are set for the IEP meeting. Date/Time:	4. We understand the	at the facilitator is	not a member of 1	he IEP team.		
Name of School District Administrator Name of Student Date of I Name of School District Name of Parent/Guardian Address Address City State Zip City State Zip Telephone Area/No. Email Telephone Area/No. (Daytime) E-mail City State Zip The date and time are set for the IEP meeting. Date/Time:	5. We understand the	at the facilitator ca	nnot provide legal	advice to any participan	nt.	
Name of School District Administrator Name of Student Date of I Name of School District Name of Parent/Guardian Address Address City State Zip City State Zip Telephone Area/No. Email Telephone Area/No. (Daytime) E-mail City State Zip The date and time are set for the IEP meeting. Date/Time:						
Address Address City State Zip City State Zip Telephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Telephone Area/No. (Daytime) E-mail Check One The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES				NEORMATION		
Address Address City State Zip City State Zip Telephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Telephone Area/No. (Daytime) E-mail Check One The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES	Name of School District Adminis	strator	GENERAL			Date of Bir
City State Zip City State Zip Telephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Check One The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI T(we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above. Siden Area/No. (Daytime)		strator	GENERAL I	Name of Student		Date of Bi
Clephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Check One The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES		strator	GENERALI	Name of Student		Date of Bi
Clephone Area/No. E-mail Telephone Area/No. (Daytime) E-mail Check One The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES	Name of School District	strator	GENERAL	Name of Student		Date of Bi
Check One The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address	strator	GENERAL	Name of Student		Date of Bi
The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address			Name of Student Name of Parent/Guardian Address	State	
The date and time are set for the IEP meeting. Date/Time: The date and time are NOT set yet for the IEI I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address City	State Z		Name of Student Name of Parent/Guardian Address City		
I (we) am (are) requesting a Facilitated IEP meeting because: SIGNATURES We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address City Telephone Area/No.	State Z		Name of Student Name of Parent/Guardian Address City		
We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address City Telephone Area/No. Check One	State Z E-mail	Tip	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Daylin	ne) E-mail	Zip
We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address City Telephone Area/No. Check One The date and time are se	E-mail	īp Date/Time:	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Daylin	ne) E-mail	Zip
We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.	Name of School District Address City Telephone Area/No. Check One The date and time are se	E-mail	īp Date/Time:	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Daylin	ne) E-mail	Zip
	Name of School District Address City Telephone Area/No. Check One The date and time are se	E-mail	īp Date/Time:	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Daylin	ne) E-mail	
	Name of School District Address City Telephone Area/No. Check One The date and time are se	E-mail	īp Date/Time:	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Daytim The date ar	ne) E-mail	Zip
	Name of School District Address City Telephone Area/No. Check One The date and time are se I (we) am (are) requesting a Fac	State Z E-mail et for the IEP meeting. Lilitated IEP meeting be	5p Date/Time: SIGN	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Daylin The date ad ATURES	ne) E-mail	Zip et for the IEP r
	Name of School District Address City Telephone Area/No. Check One The date and time are se I (we) am (are) requesting a Fac We understand that Facilitated I	State Z E-mail ef for the IEP meeting. Jilitated IEP meeting be	Date/Time: Coause: SIGN #e resolution option. 1	Name of Student Name of Parent/Guardian Address City Telephone Area/No. (Duylin City City City City City City City City	ne) E-mail nd time are NOT set y the five (5) items note	Zip et for the IEP r

IEP Facilitation Participants

- Facilitated IEP participants are the same as in nonfacilitated IEPs
- WSEMS Facilitator (is not a member of IEP team)



Facilitator's Role

- Role is to assist in the IEP process
- Keeps team focused on developing the IEP document
- Clarifies points of agreement and disagreement and maintains open, respectful communication
- Helps team discuss specific steps of what will occur after the IEP meeting
- Offers ways to address/resolve conflicts
- Makes no decisions for the IEP team

Participant Surveys - IEP Facilitation 2004 - 20 (n=2,377)

- Satisfied with the IEP Facilitation process 90.5%
- Felt that the facilitation gave them an opportunity to be a part of the IEP process (89%)
- Thought IEP Facilitation will improve future IEP meetings 82%
- Would use the same facilitator again 88.5%
- Thought the facilitator was impartial throughout the process – 88%

Facilitator Surveys 2004-2020 (n=448)

- Most common disabilities Autism (39.5%); EBD (21%)
- Most common subject matter issues placement, accommodation, behavior intervention plans

WSEMS Mediation

- Option for early conflict resolution
- Trained, impartial professional (mediator) helps parties reach their own agreement
- Confidential
- Free



When to Request Mediation

- Early in the process (specific dispute, impasse)
- A <u>referral</u> for special education must have been made
- For issues dealing with: evaluation, placement, disability identification, IEP, provision of FAPE
- Other reasons to request:
 - ✓ Need for creative, flexible solutions
 - ✓ Need to be able to be forward-looking
 - ✓ Save costs (resolve quickly, avoid time/expense of preparing for/participating in due process hearing
 - \checkmark Allow the parties to be the decision makers
 - Encourage the parties to preserve good relationships
 - ✓ Need for privacy

Mediation Request & Scheduling

- Joint or single request
- Description of dispute
- Sign/fax/mail
- Scheduling

REQUEST FO	System (N R SPE		Gia Pi				
EDUCATION			Wauwa	W. State Street, #D 168 atosa, WI 53213 IE: 1 - 888 - 298 - 3857		Vebsite: <u>wser</u> E-mail: gia@v	
 Either the parent or scho sending the completed for 			on process by co	completing this Request	for Special	Education M	Nediation form and
 Both the parents and sch be mailed, emailed, or fa and time convenient to be 	axed to the WSE	histrator may jointly EMS at the address	complete a singl or phone number	le Request for Special er shown. The WSEM	Education M S will arrang	lediation form e mediation a	n. The form should at a location, date,
 If a non-joint request, th WSEMS within five (5) to mediate, WSEMS will other party notifies the W 	business days appoint a qualifi	after receiving the r ed mediator to arran	notice of their will nge a mediation s	lingness to participate session. If the WSEMS	in mediation does not re	If the response verve a timely	nding party agrees
when party nonices are to	ouno or mor re		EDIATION REQU		ie requessing	party	
			h additional page				
			INFORMATION				
Name of School District Adm	inistrator (Super			f Student		Dal	te of Birth
	inistrator (Superi		Name of			Dat	te of Birth
Name of School District	inistrator (Super		Name of	f Student f Parent/Guardian		Dal	te of Birth
Name of School District Address	inistrator (Super	ntendent)	Name of Name of Address	f Student f Parent/Guardian	State		te of Birth
Name of School District Address City			Name of Name of Address City	f Student f Parent/Guardian		Zip	te of Birth
Name of School District Address City		ntendent)	Name of Name of Address City	f Student f Parent/Guardian	State E-mail		te of Birth
Name of School District Adm Name of School District Address City Telephone Area/No.	State	IZIP	Name of Name of Address City	f Student f Parent/Guardian			te of Birth
Name of School District Address City	E-mail E-mail is a voluntary d mation will not Administrator ac	Zip SIG spute resolution op or deny the right of	Name of Address City Telephoi SNATURES otion available to 5 a due process	I Student If Parent/Guardian ne Area/No. encourage early resc hearing or IDEA com	E-mail Aution of iss plaint. We u	Zip ues wheneve nderstand th ew SEMS of	er possible. We at medalion iake mediator, intake
Name of School District Address City Telephone Area/No. We understand mediation confidential and that the init Coordinator, and System	State E-mail is a voluntary d may not delay ormation vill not Administrator ac schedule.	Zip SIG Spute resolution og spute resolution og deny the right to be shared with drh ccess to information	Name of Name of Address City Telepho sNATURES ofton available to o a due process ers. We understa n about the stud	I Student If Parent/Guardian ne Area/No. encourage early resc hearing or IDEA com	E-mail Aution of iss plaint. We of puest gives l ation from t	Zip ues wheneve nderstand th ew WSEMS - re IEP docu	er possible. We at medalion iake mediator, intake

Mediation Participants

- Parents or competent adult student
- 2 school reps (can include an attorney as one of reps)
- Parties must agree on any other participants who may attend



Mediator's Role

- Schedule the mediation
- Helps school and district decide who will participate
- Helps participants understand how mediation works
- Facilitates and structures the discussion between participants
- Not a decision-maker
- No legal advice
- Help parties reach agreement



What Do We Do in Mediation?

- Mediation process is informal
- All participants often in the same room but may have separate sessions
- Mediator explains and all sign <u>Agreement to Mediate</u>
- Mediator explains mediation process and mediator's role.
- Participants explain why they are there and what positive outcomes they would like to resolve their dispute.
- Mediator may ask questions to clarify, brainstorm, or create options.
- <u>No</u> audio, video or written record of the session

Mediation Agreement

 Parties work together to <u>write</u> the Mediation Agreement (details of how they decided to resolve their dispute)
 ✓ Important to be specific

✓ Indicate whether other pending processes (DPH, IDEA or OCR complaint, litigation) are withdrawn as part of the Agreement.

 \checkmark Include a provision to go back to mediation if needed

 Mandatory language – all discussions during mediation are confidential and may not be used as evidence in any hearing or civil proceeding
 How the participants plan to share information

- Mediator can write the agreement as directed/phrased by the parties
- Just the parties sign (can have lawyer review 1st own expense)
- Copies of Agreement...

Satisfaction with Mediation

- Satisfied with mediation process
 0 2000-20 90.4% (n=3,171)
- Would use mediation again
 2000-20 92.4% (n=3,171)
- Would use same mediator again
 - o 2000-20 90.7% (n=3,171)
 - Rate of written agreements
 - 2000-20 89.7% (n=3,171)
- Ave. number of sessions per case o 2000-20 1.4 (n=3,171)
- Ave. length of a mediation session
 2000-20 4.0 hours (n=3.171)



19

Resolution Process

WAIVER OF RESOLUTION SESSION FOLLOWING RECEIPT OF DUE PROCESS HEARING REQUEST

[If you need this waiver in a different language or cc	SCHOOL DISTRICT
way, or have	
questions about this agreement, please contact	at
	.]

Within 15 days of receiving notice of a parents' request for a due process hearing, and prior to the beginning of a due process hearing, the school district must convene a meeting with the parents and the relevant member or members of the individualized education program (IEP) team who have specific knowledge of the facts identified in the hearing request. The meeting must include a representative of the school district who has decision-making authority on behalf of that district. The meeting may not include an attorney of the school district unless the parent is accompanied by an attorney. The purpose of the meeting is for the parents of the child to discuss their hearing request and the facts that form the basis of the hearing request, so that the school district has the opportunity to resolve the dispute that is the basis for the hearing request.

The district is not required to hold this meeting if the parents and the school district agree in writing to waive the meeting or agree to use the mediation process to try to resolve the issues included in the hearing request. If the parents and school district do not agree to waive the resolution session and the district has not resolved the due process complaint to the parent's satisfaction within 30 days of the receipt of the due process hearing request, the due process hearing must occur. An agreement to waive the resolution session must be in writing.

Agreement to use mediation process rather than resolution session:

I agree to waive the resolution session and	use mediation to attempt to resolve the due
process issues.	
Signature of parent/legal guardian or adult Date	Signature of school district representative Date

Agreement to proceed directly to due process hearing:

student

I agree to w	aive the	resolution	session	and want	to proceed	directly to	the due	process
hearing.								
0		and a set of the set of the set					and the second s	(h - h -

Signature student	of	parent/legal	guardian	or	adult	Date	Signature of school district representative	Date	
									l

- Resolution Meeting
- Timelines
- Can be held with or without a WSEMS neutral
- Participants: parents, school rep, relevant IEP team members(s)
- No confidentiality
- Waiver option
- Written agreement

Outreach

- Website
- Training
- Dissemination of System materials
- en Español
- Target audience: parents & school professionals

				SEAR	CH Go
	SEMS consin Special Edu	ucation Media	tion System		WSEMS en Españ
Home	About	Mediation	IEP Facilitation	Mediators/Facilitators	WSEMS Forms

The Wisconsin Special Education Mediation System (WSEMS) helps parents and schools resolve disputes about special education.

Contact WSEMS

Email: jane@wsems.us 888-298-3857 (Toll Free Voice) 262-538-1618 (TTY)

Madison WI 53701-0829

View All Wedistors J Paolitistors

262-538-1348 (Fax) Burns Mediation Services PO Box 829



Welcome to the Wisconsin Special Education Mediation System (WSEMS) website

WSEMS is a grant-funded system that provides trained neutrals to parents and school districts for Mediation, IEP Facilitation and Resolution Process services. WSEMS services are free, private and confidential. WSEMS was founded in 1998 by a parent, a special education director, and a mediator. This collaboration continues today as an example of how parents, teachers, administrators, advocates and attorneys can work together in a cooperative way for the best interests of the students in Wisconsin's public schools.

Please contact WSEMS with any questions.

http://wsems.us 21



CADRE Exemplar Video: Patricia Williams, WI DPI

http://www.directionservice.org/cadre/williamsinterviews.cfm



CADRE: Voices from the Field

http://www.directionservice.org/cadre/barlevinterviews.cfm

Questions?

