

## **Request for Special Education Individualized Education Program Meeting Facilitator**

## Please fill out completely and return at least 10 days prior to the requested date of the IEP meeting:

Attention: Armerita Tell, Ph.D., Office of Special Education, 359 North West Street, Jackson, MS 39201 By mail, fax (601) 359-1829 or email <a href="mailto:atell@mde.k12.ms.us">atell@mde.k12.ms.us</a>. The school district or parent(s) can request a facilitator but both parties must agree to have a facilitator attend the meeting.

Date of Request	
Name of Requestor	
Title of Requestor	
Requestor's phone #	
District	
MSIS#	
Director of Special Education Name	
Name & Contact Information Email	Address:
Phone	Number:
Name of Student	
Parent(s) Name	s):
Name(s) & Contact Information Email	Address:
Phone	Number:
Topic(s) for IEP Team Meeting	
Requested Date of Meeting Day of	Week:
(day of week and start & end Date:	
time) Meeti	g Start Time: End Time:
Location of IEP Team Meeting Building	g:
(building, room, and town) Room	
Town:	
Necessary Meeting Room	Who's Invited to IEP Team Meeting: Name, Title, Member Role,
Elements:	Employer if not LEA
[ ] Circular seating 1.	
[ ] Room for everyone at table 2.	
[ ] Good righting 3.	
[ ] Big clock visible to all 4.	
5.	
Sig	nature(s) Director of Special Education Yes I Agree
Paren	c(s) No I Disagree