

Request for a Facilitated IEP Meeting

Please review the instructions on the reverse side before completing this form.

Who is making this request? Parent/Adult Student/Guardian School District Both

Student Information

Name, First and Last: _____

Address: _____

Date of Birth: _____ Grade Level: _____ Tel: (____) _____

Disability categories (please check any that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment, including Blindness |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other Health Impairment: _____ | |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Specific Learning Disability | |

School of Attendance: _____

Parent/Guardian Information

Name, First and Last: _____

Address: _____

Tel: H (____) _____ W (____) _____ Cell (____) _____

E-mail Address: _____

With whom does the student live? _____

School Representative

Name, First and Last: _____

Position/Title: _____

Address: _____

Telephone Number: (____) _____ E-mail Address: _____

IEP Information

IEP renewal date: _____ Approximate date of last IEP meeting: _____

Existing areas of concern regarding the IEP (please check any that apply):

- | | |
|--|--|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> Implementation of the IEP |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Progress Reporting |
| <input type="checkbox"/> Discipline/Behavior | <input type="checkbox"/> Related Services |
| <input type="checkbox"/> Goals and Objectives | <input type="checkbox"/> Services |
| <input type="checkbox"/> Identification, Evaluation | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Placement | |
| <input type="checkbox"/> Present Levels of Education Performance | |

Other - Please describe: _____

Names and roles (e.g., family member, friend, teacher, counselor) of other individuals who are expected to participate in the facilitated IEP meeting: _____

We understand and agree to the following:

- The facilitated IEP meeting process is voluntary and cannot be used to delay or deny due process rights.
- The goal is to write an IEP that focuses on the student's needs.
- The minimally required IEP team members must be present for the meeting to take place.
- The facilitator is not a member of the IEP team.
- Signing this request gives the IEP meeting facilitator access to the student's education records.
- Neither party shall call the facilitator to testify in any subsequent proceedings.

Signature of Parent/Adult Student/Guardian

Date

and/or

Signature of School District Representative

Date

* * * * *

Instructions

1. A parent/adult student/guardian or school district representative may request a facilitated IEP meeting by completing this form and sending it (by mail, fax or email) to the Office of Dispute Resolution listed above. Fill out the information that pertains to you and sign the form. Both parties *may* choose to complete the same form, or each party can complete a separate form.
2. Since IEP facilitation is voluntary, the referral coordinator will contact both parties to confirm that everyone is willing to work with a facilitator to develop the student's IEP. The coordinator will then, with input from both parties, appoint a facilitator for the meeting from a list of trained professionals.
3. Once a facilitator is appointed, the district will schedule the IEP meeting and send notice of the meeting and a copy of the current IEP to the facilitator and the parent/adult student/guardian. The notice will include the date, time, place and address of the meeting.
4. Parties should try to request facilitation at least two weeks prior to an IEP meeting. The referral coordinator will keep the parties notified about the progress of the request. Both parties must agree to the IEP meeting facilitation in order for the process to take place.
5. For questions or additional information, contact the Office of Dispute Resolution.