

Request for Facilitated IEP/IIP/IFSP* Meeting

Our last IEP team meeting was on (date)_____. *We have concerns about the following areas of the IEP:*

- | | | |
|---|----------------------------------|---------------------------|
| ___ identification, evaluation | ___ placement | ___ progress reporting |
| ___ present levels of education performance | ___ accommodations/modifications | ___ transition |
| ___ goals and objectives | ___ related services | ___ discipline/behavior |
| ___ services | ___ assistive technology | ___ implementation of IEP |

- We request assistance in facilitating an IEP meeting.
- We know that using a facilitator is **voluntary** and **cannot be used to delay or deny the parent’s right to a due process hearing.**
- Our goal is to write an acceptable IEP that focuses on the needs of the child.
- We understand that the facilitation will occur only if the minimally required team members are present.
- We agree not to call the facilitator to testify in any subsequent proceedings.
- The Minnesota Department of Education provides a facilitator, at no cost to the participants, to assist schools and parents in reaching consensus on an IEP.

Please Print

School District / Cooperative Name and #

Student’s Name

School Administrator's Name and Title

Student’s Age Grade Disability

Address

Parent/Guardian Name(s)

City State Zip

Address

Phone () _____

City State Zip

Fax # () _____

Phone: Home () _____

Work () _____

Email _____

Cell _____

Date _____

Email _____

Date _____

School Administrator's Signature

Parent/Guardian’s Signature

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

* All references to the Individual Education Program (IEP) in this document also include the Individual Interagency Intervention Plan (IIP) and the Individual Family Service Plan (IFSP)

Request for Facilitated IEP/IFSP/IIIP Meeting

Instructions

1. Fill out the information that pertains to you and sign the form.
2. Send this form to the other party to be completed and signed or submit it directly to the Minnesota Department of Education (MDE). The MNSEMS coordinator will contact the other party to see if they are willing to work with a facilitator to develop an acceptable IEP.
3. If parties fill out this form at the same time, the school district will forward the form to MDE.
4. Once the request form is signed by the parents and the school staff, the district schedules an IEP meeting and faxes the notice of the meeting and the current IEP to MDE. The notice will include the date, time, place and address of the meeting. Upon receipt of this information, the MNSEMS coordinator needs 7 days to assign a facilitator and send confirmation materials.
5. For additional information, contact MNSEMS at 651-582-8222, toll free at 1-866-4MNSEMS or fax: 651-582-8498. For TTY communication, contact the Minnesota Relay Service: 1-800-627-3529.

**MNSEMS
Minnesota Department of Education
1500 Highway 36 West
Roseville, Minnesota 55113**

Authorization to Release Educational Data

By agreeing to participate in a facilitated IEP meeting, I am authorizing School District # _____ and its employees, agents and contractors to share information with the Minnesota Department of Education about my child's identity, needs, and issues surrounding disagreements about educational programming.

Date: _____ Parent/Guardian _____

Date: _____ Parent/Guardian _____

A facilitated IEP meeting will not be held until MDE receives this signed authorization.