



Request for IEP Team Meeting Facilitation

Special Education

Facilitation is a voluntary process provided free of charge to the school district and the parent/guardian during which a State contracted facilitator attends an IEP team meeting or other IDEA-related team meeting. The facilitator is not a member of the team and acts as a neutral third-party to provide balance, perspective and an opportunity for individual team members to be heard and understood. The role of the facilitator is to help team members communicate effectively by focusing on key issues and moving toward a productive outcome. Facilitation supports early dispute resolution by providing assistance before the conflict develops into a formal dispute. A facilitator will not be responsible for creating or documenting agreements made by the team. Both the parent/guardian and school district must agree to participate in facilitation. Please see Chapter 13 of the Idaho Special Education Manual for additional information.

I have read the above statement and understand both parties must agree to facilitation for this request to move forward. I acknowledge the facilitator is a neutral party and is NOT a member of the team, an advocate or decision maker.

Date: _____

Facilitation request is being initiated by (check one):

Parent Guardian Adult Student School District Representative

Are both parties aware of this request? (check one): Yes No

Have you spoken with the SPED Director in the School District?

STUDENT INFORMATION

Student Name: _____

Student's Grade: _____ Student's Age _____

School Student Attends: _____

School District/Agency: _____

Parent/Guardian Name: _____

Email: _____ Telephone: _____

DISTRICT INFORMATION

Special Education Director Name: _____

Phone: _____ Email: _____

IEP INFORMATION

Date of last IEP Team Meeting: _____

Topics of Discussion for the facilitated IEP Team Meeting Include:

- Identification/Evaluation
- Related Services
- Assistive Technology
- Progress Reporting
- Transition
- Discipline/Behavior
- Other: _____
- Accommodations/Modifications
- Placement
- Goals and Objectives
- Services
- Present levels of performance
- Implementation of IEP

IEP MEETING DATE: _____

Is an IEP meeting already scheduled? (check one): Yes No

If yes, please provide the day and time: _____

**The Idaho State Department of Education takes precautions to maintain the confidentiality of personally identifiable information. However, email communications are not always secure and may be read by individuals who are not the intended recipients. By completing this form and emailing it to the Idaho State Department of Education you acknowledge that you understand the potential risks and are voluntarily communicating by email.*

If you do not wish to email this form, you may print, sign and mail the completed form to

*Dispute Resolution Program
Idaho Department of Education
PO Box 83720
Boise, ID 83720-0027.*

****NOTE:** Our office needs a minimum of 10 school days to fulfill facilitation requests. If a meeting is not scheduled, the facilitator will coordinate a date and time that works for all parties.