# REQUEST FOR SPECIAL EDUCATION IEP FACILITATION

You are not required to use this form to request assistance with facilitating an Individualized Education Plan (IEP) meeting. However, this form is designed to assist the Louisiana Department of Education in arranging the facilitated IEP team meeting.

## *1. Student Information*

Name: _____ Date of Birth: ____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate phone number: _____

Name of school student attends/attended: _____

☐ Male ☐ Female Grade: _____ Race: _____ Exceptionality: _____

Is student currently receiving special education services? ☐ Yes ☐ No

## *2. Requestor Information*

*The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.*

Requestor Name: _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate phone number: _____

Fax number: _____ Email address: _____

Does requestor need accommodations in order to participate in this process? ☐ Yes ☐ No

## *3. IEP/Background Information*

*An IEPF should not be requested if this dispute is related to a manifestation determination or interim alternative placement setting under 34 CFR § 300.530 or § 300.531.*

Last IEP Meeting date: _____ Next IEP Meeting date: _____

Is mediation pending for this student? ☐ Yes ☐ No

Are these dispute issues also the subject of a pending formal complaint investigation or due process hearing request filed by either party? ☐ Yes ☐ No

Have the parties participated in a state facilitation for this student this school year? ☐ Yes ☐ No

IEP Issues/Concerns:

| | | |
|---|---|---|
| ☐ identification/evaluation | ☐ annual goals and objectives | ☐ assessments |
| ☐ placement | ☐ related services (speech OT PT) | ☐ autism services |
| ☐ progress reporting | ☐ discipline/behavior | ☐ education/service site location |
| ☐ present performance levels | ☐ paraprofessional services | ☐ residential placement |
| ☐ accommodations/modifications | ☐ assistive technology | ☐ transportation |
| ☐ transition services | ☐ implementation of IEP | ☐ extracurricular & non-academic |
| ☐ ESY services | ☐ benchmarks and measurable | ☐ deaf/hearing impaired |
| | | ☐ blind/vision impaired |

*Three dates you are available: _____

| ***4. Signature(s)*** |
| --- |
| ***By signing this document, the parent, school district/charter school, and requestor agree that the assigned facilitator may access the student's education record for the purposes of the SBLC/IEP Team meeting***.<br><br>Requestor's Signature: _____ Date: _____/_____/_____ |

Mail, fax, or email your request to:

**Louisiana Department of Education**

Attn: Legal Division

1201 North 3rd Street

Baton Rouge, LA 70802

Fax: (225) 342·1197

**9YI·ℳf: DisputeResolution.DOE@la.goØ**

***SUBMIT REQUEST***

*The Department will contact the other party to determine if they are willing to participate in a facilitated IEP team meeting. If the other party agrees to participate, we will contact you to arrange the meeting. However, if the other party refuses to participate, the Department will notify you and inform you that the other party has refused to participate.*

*Parents and school districts/agencies should prepare for a minimum of three (3) hours when scheduling a Facilitated IEP Meeting. When there are a number of concerns/issues to discuss the meeting may exceed three (3) hours. Team members should be willing to stay until the agreed upon ending time, unless excused in writing by the school district/agency and parent. School districts/agencies must follow federal and state regulations regarding excusals. If it appears that additional time is needed to adequately discuss concerns/issues, the facilitation meeting may extend beyond the allotted time with all members in agreement.*

*Accessibility needs for the meeting (of the parent or student with a disability).*

*Translation Needs (Please specify):* _____

*Interpreter Needs (Please specify):* _____

*Accessibility Needs (Please specify):* _____

***Please describe your expectations from participating in a LDE IEP facilitation.***

_____

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