



REQUEST FOR A FACILITATED IEP MEETING

DEPARTMENT OF PUBLIC INSTRUCTION

SPECIAL EDUCATION DIVISION

SFN 58305 (03-06)

Student Name

School District Information

School District/Special Education Unit	City	State	Zip+4 (ex. 58504-0440)
Name and Title of Person Completing Form			
Telephone Number		Fax Number	

Parent/Guardian Information

Parent/Guardian Name		
Student's Age	Grade	Disability
Work Telephone Number	Home Telephone Number	Cell Phone Number

In our last IEP team meeting, we reached an impasse regarding the following areas:

<input type="checkbox"/> Placement <input type="checkbox"/> Identification/evaluation <input type="checkbox"/> Present levels of educational performance <input type="checkbox"/> Services <input type="checkbox"/> Transition <input type="checkbox"/> Goals (objective) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Adaptations/accommodations <input type="checkbox"/> Related Services <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Progress Reporting <input type="checkbox"/> Discipline/Behavior <input type="checkbox"/> Implementation of IEP
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IEP Facilitation:

- Is a voluntary process;
- Uses a neutral third party;
- Permits a guided IEP meeting;
- Assists the IEP team members to communicate effectively;
- Supports all team members;
- Provides an opportunity to identify new options to address unresolved concerns.

The IEP Facilitator:

- Is neutral;
- Is knowledgeable and experienced in the IEP process;
- Participates only when invited by both parties, but is not a member of the IEP team;
- Ensures that the meeting is student-focused;
- Does not make decisions and does not tell the IEP team members how to solve issues;
- Does not provide legal advice.

Signature of Parent/Guardian or Adult Student	Date
Signature of District Administrator	Date

For State Office Use Only

NDDPI accepts/ does not accept this application for the following reasons: