



Public Schools of North Carolina  
State Board of Education  
Department of Public Instruction

# Exceptional Children Division

## Request for Facilitated IEP Team Meeting

*Requests must be submitted at least (10) business days before a scheduled IEP Team meeting.*

*\* Each section of this form must be completed. An incomplete form may result in a delay or denial of request.*

*\*The assignment of a facilitator is based on both parties agreeing to engage in the FIEP process.*

Request made by:     Parent     LEA     Other

Contact Information for Parent/Guardian		Student Information	
Name:		Student Name:	
Address:		Area of Exceptionality:	
City/Zip:		Age & Grade:	
County:		Name of Charter School or School:	
Telephone:		Principal:	
Email:		Birthdate:	

Contact Information for LEA	
Contact Person:	
Phone:	
Address:	
City/Zip:	
Email:	

### Purpose of Request

- Initial Referral, Evaluation, Eligibility
- Annual Review
- IEP (review and revise, as appropriate)
- Manifestation Determination Review
- Re-evaluation Process
- Other (*explain*): \_\_\_\_\_

*\*It is an expectation that one or more resolution options have been attempted, please indicate below (with date):*

Date:	Early attempts at resolution:	Results of resolution attempts (required):
	<input type="radio"/> Parent-Teacher Conference	
	<input type="radio"/> Parent-School Admin. Conference	
	<input type="radio"/> IEP Team Meeting	
	<input type="radio"/> Parent- EC Director Conference	

*If an IEP meeting has already been scheduled, what is the agreeable date between the parent and LEA: \_\_\_\_\_*

**\*\*\*Please consider and sign the FERPA form regarding information sharing\*\*\***

### Name of Person Submitting this Request:

Name: \_\_\_\_\_  
(please print)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### SEND SIGNED FORM VIA E-MAIL OR FAX TO:

Facilitation Coordinator  
NC DPI Exceptional Children Division  
6356 Mail Service Center ~ Raleigh, NC 27699-6356  
Fax: (919) 807-3755  
E-mail: **Facilitation@dpi.nc.gov**