



**Wisconsin Special  
Education Mediation  
System (WSEMS)**

## Request for a Facilitated IEP Meeting

Complete and submit one (1) signed copy. Retain a copy for your records. Submit signed form to:

**WISCONSIN SPECIAL EDUCATION MEDIATION SYSTEM**  
Burns Mediation Services  
PO Box 829  
Madison, WI 53701-0829

Website: [wsems.us](http://wsems.us)  
Email: [jane@wsems.us](mailto:jane@wsems.us)

1 - 888 - 298 - 3857  
1 - 608 - 283 - 9106 FAX

### Instructions

1. Either the parent or school district may initiate the facilitated IEP process by completing this form and mailing, emailing, or faxing the completed form to the contact information provided above.
2. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. The WSEMS, with input from the parties, will appoint a facilitator for the IEP meeting from a list of trained professionals.
3. Parties should try and contact the WSEMS at least two weeks prior to the IEP meeting. Both parties must agree to the IEP facilitation in order for the process to take place. The WSEMS will keep the parties notified about the progress of the request.

### We understand and agree to the following:

1. We are requesting that the WSEMS work with the parties to choose a neutral facilitator from its roster.
2. We understand that the WSEMS pays the fees of the facilitator.
3. We understand that signing this request gives the WSEMS facilitator, Intake Coordinator, and System Administrator access to information about the student, including information from the IEP document, disability information, and school day schedule.
4. We understand that the facilitator is not a member of the IEP team.
5. We understand that the facilitator cannot provide legal advice to any participant.

### GENERAL INFORMATION

Name of School District Administrator			Name of Student			Date of Birth		
Name of School District			Name of Parent/Guardian					
Address			Address					
City		State	Zip	City		State	Zip	
Telephone Area/No.		E-mail		Telephone Area/No. (Daytime)		E-mail		

Check One

The date and time are set for the IEP meeting.  
Date and Time:

The date and time are NOT set yet for the IEP meeting.

I (we) am (are) requesting a Facilitated IEP meeting because:

### SIGNATURES

We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.

Signature of School District Administrator		Date Signed	Signature of Parent/Guardian/Adult Student		Date Signed
➤			➤		