

## 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.

<b>1. Student Information</b>		
Name: _____	Date of Birth: ___/___/___	
Address: _____		
City: _____	State: _____	Zip: _____
Phone number: _____	Alternate phone number: _____	
Name of school student attends/attended: _____		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade: _____ Race: _____ Exceptionality: _____
Is student currently receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>2. Requestor Information</b>		
<i>The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.</i>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>3. IEP/Background Information</b>		
<i>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.</i>		
Last IEP Meeting date: _____	Next IEP Meeting date: _____	
Is mediation pending for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are these dispute issues also the subject of a pending formal complaint investigation or due process hearing request filed by either party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have the parties participated in a state facilitation for this student this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IEP Issues/Concerns:		
<input type="checkbox"/> identification/evaluation <input type="checkbox"/> placement <input type="checkbox"/> progress reporting <input type="checkbox"/> present performance levels <input type="checkbox"/> accommodations/modifications <input type="checkbox"/> transition services <input type="checkbox"/> ESY services	<input type="checkbox"/> annual goals and objectives <input type="checkbox"/> related services (speech OT PT) <input type="checkbox"/> discipline/behavior <input type="checkbox"/> paraprofessional services <input type="checkbox"/> assistive technology <input type="checkbox"/> implementation of IEP <input type="checkbox"/> benchmarks and measurable	<input type="checkbox"/> assessments <input type="checkbox"/> autism services <input type="checkbox"/> education/service site location <input type="checkbox"/> residential placement <input type="checkbox"/> transportation <input type="checkbox"/> extracurricular & non-academic <input type="checkbox"/> deaf/hearing impaired <input type="checkbox"/> 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.**

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  
- : [DisputeResolution.DOE@la.gov](mailto:DisputeResolution.DOE@la.gov)

**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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