

Agreement to Participate in a Facilitated Education Planning Meeting

Case No. _____

1. I understand we are here to develop an acceptable IEP/IFSP/IIIP that focuses on the needs of the student and that this is most likely to occur if I share information openly.
2. I understand that the facilitator is here to assist us through the IEP/IFSP/IIIP process and to help us discuss and resolve IEP issues. The facilitator will not make decisions or tell us how to solve the IEP issues. I understand that the facilitator is not acting as a lawyer, judge, hearing officer, investigator, counselor, or therapist.
3. I understand the facilitator will not give legal or financial advice.
4. I understand the minimally required team members need to be present for the facilitation to occur.
5. I understand the school district remains responsible for the special education and related services of the IEP/IFSP/IIIP developed through this process.
6. I am aware that the facilitator's records are not accessible to the parties (Minn. Stat. §125A.091, Subd. 8).
7. I am aware that the facilitator will not testify about the facilitated IEP meeting in any subsequent proceedings.

Signature - Parent/Guardian

Signature – District Administrator

Signature – Parent/Guardian

Signature – Participant

Signature – Participant

Signature – Facilitator

Date _____

*IEP-Individual Education Plan
IIIP- Individual Interagency Intervention Plan
IFSP- Individual Family Service Plan



**Additional Signatures for Agreement
to Participate in a Facilitated
Education Planning Meeting**

Date _____

Case No. _____

PRINT NAME	ROLE	SIGNATURE