



**MISSISSIPPI
DEPARTMENT OF
EDUCATION**

Ensuring a bright future for every child

Request for Special Education Individualized Education Program Meeting Facilitator

Please fill out completely and return at least 10 days prior to the requested date of the IEP meeting:

Attention: Armerita Tell, Ph.D., Office of Special Education, 359 North West Street, Jackson, MS 39201

By mail, fax (601) 359-1829 or email atell@mde.k12.ms.us. The school district or parent(s) can request a facilitator but both parties must agree to have a facilitator attend the meeting.

Date of Request	
Name of Requestor	
Title of Requestor	
Requestor's phone #	
District	
MSIS#	
Director of Special Education Name & Contact Information	Name:
	Email Address:
	Phone Number:
Name of Student	
Parent(s) Name(s) & Contact Information	Name(s):
	Email Address:
	Phone Number:
Topic(s) for IEP Team Meeting	
Requested Date of Meeting (day of week and start & end time)	Day of Week:
	Date:
	Meeting Start Time: End Time:
Location of IEP Team Meeting (building, room, and town)	Building:
	Room:
	Town:
Necessary Meeting Room Elements: <input type="checkbox"/> Circular seating <input type="checkbox"/> Room for everyone at table <input type="checkbox"/> Good lighting <input type="checkbox"/> Good ventilation <input type="checkbox"/> Big clock visible to all	Who's Invited to IEP Team Meeting: Name, Title, Member Role, Employer if not LEA
	1.
	2.
	3.
	4.
	5.
	Signature(s) Director of Special Education _____ Yes I Agree
	Parent(s) _____ No I Disagree

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