



# Exceptional Children Division

## Request for Facilitated IEP Team Meeting

*Requests must be submitted at least seven (7) days before a scheduled IEP Team meeting.*

Request made by:     Parent     LEA     Other

Contact Information for Parent/Guardian
Name:
Address:
City/Zip:
County:
Telephone:
Email:

Student Information
Student Name:
Area of Exceptionality:
Age & Grade:
Date of Birth:
School:
School Principal:

Contact Information for LEA
EC Director:
Phone:
Address:
City/Zip:
Email:

### Purpose of Request

- Initial referral, evaluation, eligibility, placement
- Annual review                       Reevaluation Process
- IEP review and revise, as appropriate
- Manifestation determination review
- Other: (explain)

Have you considered/tried other options?  
If so, please check all that apply.

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Early attempts at resolution:
<input type="checkbox"/> Parent -Teacher Conference
<input type="checkbox"/> Parent-School Administrator Conference
<input type="checkbox"/> IEP Team Meeting
<input type="checkbox"/> Parent - EC Director Conference

Outcome:

Date of next scheduled meeting: \_\_\_\_\_

### Name of Person Submitting this Request

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

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

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

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

Facilitation Coordinator  
NCDPI Exceptional Children Division  
6356 Mail Service Center ~ Raleigh, NC 27699-6356  
Fax: (919) 807-3755