

**New York State Education Department
Individualized Education Program (IEP) Facilitation Pilot Program**

Agreement to Participate in IEP Facilitation

IEP Facilitation is a voluntary process, where all IEP meeting participants agree to work together and ensure an effective, cooperative and successful committee on special education (CSE) or committee on preschool special education (CPSE) meeting. The IEP Facilitator is a specially trained individual who is certified by the New York State Education Department. The role of the Facilitator is to help CSE/CPSE members reach agreement regarding IEP recommendations for an appropriate special education program and placement for a student with a disability.

I have been fully informed of the IEP Facilitation process and agree to accept the procedures and guidelines of the process of IEP Facilitation.

In signing this agreement, I:

1. Agree to use the process of IEP facilitation for the IEP meeting for the following student:

2. Understand that the selected IEP Facilitator will identify any possible conflicts of interest in his/her role to facilitate the IEP meeting for this student. Where potential conflicts exist, at the request of the parent or at the choice of the district, the district will select another IEP Facilitator for the meeting.
3. Provide consent to share personal student information during the meeting with the IEP Facilitator, and the IEP Facilitator shall not share this information outside of the meeting.
4. Agree that the IEP Facilitator will securely dispose of any written material used by the IEP Facilitator at the end of the meeting(s) that is not otherwise provided to the district.
5. Understand and agree that the IEP Facilitator cannot act as a legal representative, counselor, advocate, judge or arbitrator in his/her role as IEP Facilitator and that IEP recommendations can only be made by the committee (CSE/CPSE) and cannot be made by the IEP Facilitator.
6. Agree that the IEP Facilitator will not be asked to be a party in any later proceedings relating to the IEP development process; that the IEP Facilitator will not be called as a witness or consultant in any other administrative, judicial, or educational process; and that no records, notes, or other work product of the IEP Facilitator that were as the result of this meeting shall be called for or subpoenaed in the future by any party or participant.
7. Agree that no party involved in the IEP Facilitation shall be legally responsible to any party or participant for any action or omission in connection with any IEP Facilitation conducted under this agreement.

8. Understand that the use of IEP Facilitation does not prevent a parent or district from the right to resolve disagreements through additional meetings, mediation, formal complaint process, or a due process hearing.

By signing below, I acknowledge that I have read, understand and agree to this Agreement to Participate in IEP Facilitation:

Parent: (Print Name) _____

Parent: (Signature) _____

Date: _____

Parent: (Print Name) _____

Parent: (Signature) _____

Date: _____

District Representative: (Print Name) _____

District Representative: (Signature) _____

Date: _____

IEP Facilitator:(Signature) _____

Date: _____