

Facilitated IEP Team Meeting Participation Agreement Form

Student's Name _____ Date of Meeting _____

- I understand we are here to focus on the needs of the student and that this is most likely to occur if I share information openly.
- I understand that the facilitator is here to assist us through the IEP 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 serves the whole group rather than an individual and assists the group with the process of the IEP team meeting rather than the content of the IEP. I understand that the facilitator will not give legal or financial advice.
- I am aware that the facilitator will not testify about the facilitated IEP team meeting in any subsequent proceedings and will adhere to confidentiality rules regarding the child.

Parent/Guardian or Adult Student

Parent/Guardian or Adult Student

School District/Agency Representative

Special Education Teacher/Provider

General Education Teacher

Participant (Please list role/title)

Participant (Please list role/title)

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Participant (Please list role/title)

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