

WSEMS IEP FACILITATION INTAKE /SCREENING INFORMATION

WSEMS CASE# IEP

How did you hear about the facilitation process?

Request: Phone Mail Other

Requesting the facilitator District Parent Joint

Type of IEP: First Annual 3 yr re-evaluation Other Specify

Has the team met previously for this specific IEP? Meeting(s)? If so, how long was the

Child's Name: Age:
Does child reside at home with both parents?

Parent: what is the child's disability?
District: what is the child's disability in the IEP?

What, if any, related services are involved?

Has your child been involved in any kind of special programs outside of school? No Yes
If so, which?

School District:
School:

Parent(s)/Guardian(s) Name:
Address:
Phone:
Represented:
E-mail address:
Do you have previous experience with special ed issues/IEPs?

School Representative Name:
Address:
Phone:
Represented:
E-mail address:

Who is responsible for drafting the documents related to the IEP?

Is that person different than the person responsible for overseeing the implementation of services in the IEP?

Names of other team members will be on invitation letter.

Is there a meeting scheduled for this IEP?

If so, when?

**Has an invitation letter been sent/received?
please request from district or parent)**

(If yes, and the facilitator wants a copy,

Where is the team in the evaluation cycle?

Are there evaluation findings that need to be sent to parents before the IEP meeting?

How can a facilitator be helpful?

Are there any other circumstances about the student/your child we should be aware of at this time?