

# Facilitated Individualized Education Program (FIEP) Team Meeting Request Form

A parent/adult student or a school district may request a Facilitated IEP (FIEP) Team meeting. The WVDE provides this form, though its use is not required. The request must include an original signature. The district and the parent/adult student must agree to use the FIEP process. The request must be received by the WVDE at least two weeks prior to the scheduled IEP Team meeting. A FIEP Team meeting will not be scheduled until the WVDE receives signed authorization.

## Requesting a FIEP Team Meeting Instructions:

1. Either the parent/adult student or the district may submit a request for a FIEP Team meeting. This 2-page Request Form must be completed, signed and submitted by the district representative or the parent/adult student at least two weeks prior to the IEP Team meeting date.
2. The parent/adult student must sign the authorization to release the student's educational records.
3. The form must be submitted with an original signature(s) directly to the WVDE, Office of Special Education (OSE) for review.
4. Upon review, the OSE will assign a facilitator. The facilitator will contact the parent/adult student and the school district to confirm agreement and schedule the FIEP Team meeting.

## FIEP Information for Requesting Party

The WVDE will provide a facilitator at no cost to the participants to assist school districts and parents in reaching a consensus on the development of an IEP.

- The goal of the Facilitated IEP process is to develop a comprehensive IEP that allows the provision of a Free and Appropriate Public Education (FAPE).
- The facilitation will only take place if the required IEP Team members are present.
- IEP facilitation is voluntary and cannot be used to delay or deny the rights of the parent or student to a due process hearing.
- The facilitator will not be called to testify in any subsequent hearings.

Date \_\_\_\_\_

Person requesting FIEP: \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_ Parent \_\_\_ Student \_\_\_ District Representative

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Student's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Exceptionality \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Type of IEP Team Meeting:  Initial  Annual  Other

Concerns exist in the following areas:

- Identification/Reevaluation  Independent Educational Evaluation  Placement  
 Goals and/or Objectives  Discipline/Behavior  Related Services  
 Present Levels of Educational Performance  Transition  
 Accommodations/Modifications  Extended School Year (ESY) Services  
 Implementation of IEP  Progress Reporting  Assistive Technology

Is the student receiving special education services?  Yes  No

Does parent or student need accommodations to participate in this process?  Yes  No

If yes, please specify \_\_\_\_\_

Signature: \_\_\_\_\_

Check One:  Parent  Student  District Representative

Has a copy of this FIEP Request Form been provided to the district?  Yes  No

Please mail this 2-page FIEP Request Form and any relevant documentation to:

West Virginia Department of Education  
Office of Special Education  
Building 6, Room  
1900 Kanawha Blvd., East  
Charleston, WV 25305

For additional information contact:

Sheila Paitsel, Assistant Director

Office of Federal Programs

West Virginia Department of Education

1900 Kanawha Blvd., East

Building 6, Room 330 Charleston WV 25305-0330

[sgpaitsel@k12.wv.us](mailto:sgpaitsel@k12.wv.us)

304.558.7805 P

304.558.6268 F

