



Facilitated Individualized Education Program (FIEP) Team Meeting Agreement to Participate

FIEP Case _____

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

1. I understand we are here to develop an acceptable IEP that focuses on the needs of the student, _____, and that this is most likely to occur if I share information openly.
2. 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 is not acting as a lawyer, judge, hearing officer, investigator, counselor or therapist.
3. I understand the Facilitator will not give legal or financial advice.
4. I understand the minimally required IEP Team members need to be present for the facilitation to occur.
5. I understand the school district remains responsible for the special education and related services of the IEP developed through this process.
6. I understand that the Facilitator's records are not accessible to the parties.
7. I understand that the Facilitator will not testify about the Facilitated IEP Team meeting in any subsequent proceedings; such as a formal complaint or due process.
8. I understand that the use of IEP Facilitation does not prevent a parent or district from resolving disagreements through additional meetings, mediation, formal complaint process or a due process hearing.

Signature - Parent/Guardian

Signature - District Representative

Signature - Parent/Guardian

Signature - Student

Signature - Facilitator

Signature - Facilitator

Date _____