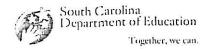


Facilitated IEP Project Instructions for Requesting a Facilitated IEP Meeting

- 1. Fill out the information that pertains to you and sign the form.
- Send the form to the other party to be completed and signed or submit it directly to the South Carolina Department of Education (SCDE), Office of Exceptional Children (OEC). The OEC facilitation coordinator will contact the other party to see if they are willing to work with a facilitator to develop an acceptable IEP.
- 3. If parties fill out this form at the same time, the school district/agency will forward the form to the OEC.
- 4. Once the request form is signed by the parents and the school staff, the school district/agency schedules an IEP meeting at a mutually agreeable time and place, and faxes the notice of the meeting and the current IEP to the OEC. The notice will include the date, time, place and address of the meeting. The OEC requires that parties requesting a facilitator do so at least 10 days before the scheduled date of the IEP meeting to give the OEC facilitation coordinator time to confirm that both parties agree to use facilitation; locate an available facilitator; and gather and share relevant information. The OEC facilitation coordinator will make every attempt to locate a facilitator who is available during the time frame chosen by the IEP team. If no facilitator is available on this date, the IEP team may need to reschedule the meeting or proceed without the facilitator. Please note that a facilitated IEP meeting will not be scheduled if the facilitation coordinator determines that the issues identified by the parties are not related to the student's IEP or otherwise determines that facilitation is not an appropriate resolution option. In such cases, the facilitation coordinator will work with the parties to identify other resolution options.
- 5. For additional information, contact the OEC at 803-734-2833 or fax: 803-734-4824.

Office of Exceptional Children
South Carolina Department of Education
1429 Senate Street
Room 808
Columbia, South Carolina 29201

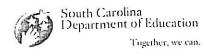


Facilitated IEP Pilot Project Request for Facilitated IEP Meeting

- We request assistance in facilitating an IEP meeting.
- We know that using a facilitator is voluntary and cannot be used to delay or deny the parent or adult student's right to a due process hearing.
- Our goal is to write an acceptable IEP that focuses on the needs of the child.
- We understand that the facilitation will occur only if the minimally required team members are present.
- We agree not to call the facilitator to testify in any subsequent proceedings.
- The South Carolina Department of Education, Office of Exceptional Children, provides a facilitator, at no cost to the participants, to assist schools and parents in reaching consensus on an IEP.

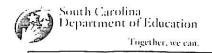
Please Print

Student's Name	School District/Agency
Disability	Special Education Director's Name
DOB (optional) Age	rade Address
Parent/ Guardian Name(s)	City State Zip
	Phone ()
Address	***
	Fax ()
City State	Zip
Home ()	Email
Cell ()	Special Education Director's Signature Date
Email	
Parent/Adult Student's Signature Date	
Our last IEP team meeting was on (date) of the IEP:	. We have concerns about the following areas
 identification/evaluation present levels of education performance goals and objectives services 	placementprogress reportingaccommodations/modificationstransitionrelated servicesdiscipline/behaviorassistive technologyIEP implementation



Briefly describe why a facilitator is needed for this meeting.
Parents and school districts/agencies should prepare for a minimum of three (3) hours when scheduling a Facilitated IEP Meeting. When there are a number of concerns/issues to discuss the meeting may exceed three (3) hours. Team members should be willing to stay until the agreed upon ending time, unless excused in writing by the school district/agency and parent. School districts/agencies must follow federal and state regulations regarding excusals. If it appears that additional time is needed to adequately discuss concerns/issues, facilitation may not be the appropriate course of action. In such cases, the parties may wish to consider requesting mediation.
Accessibility needs for the meeting (of the parent or student with a disability).
Translation Needs (Please specify):
Interpreter Needs (Please specify):
Accessibility Needs (Please specify):
Please describe the expected outcome of using a facilitator.
Authorization to Release Educational Data
If the party requesting facilitation is the parent, guardian, surrogate parent, or adult student with a disability, please sign the following release.
By agreeing to participate in a facilitated IEP meeting, I am authorizing School District/Agency and its employees, agents and contractors to share the IEP and other relevant information about the student's identity, needs, and issues surrounding disagreements about educational programming with the OEC facilitation coordinator.
Signature Date

A facilitated IEP meeting will not be scheduled until the OEC receives this signed authorization and the consent of both parties to proceed with facilitation.



Student's Name

Facilitated IEP Project Participation Agreement Form

1.	I understand	we are	here to	focus	οn	the	needs n	f the	ctudent	and	that	thic.	:-

- 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.
- 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 judge or decision-maker. I understand that the facilitator serves the whole group rather than an individual and assists the group with the process of the IEP meeting rather than the content of the IEP. I understand that the facilitator will not give legal or financial advice.
- 3. I understand that the minimally required team members need to be present for the facilitation to occur, unless the school district/agency and parent have agreed in writing to excuse the members. I understand the school district/agency must adhere to all federal regulations regarding excusals.
- 4. I understand the school district is legally responsible for the special education and related services of the IEP developed through this process. Therefore, if the team cannot come to consensus, the school district/agency must make the decision(s), and the parent or adult student, can request mediation or a due process hearing.
- 5. I am aware that the facilitator will not testify about the facilitated IEP meeting in any subsequent proceedings and will adhere to confidentiality rules regarding my child.

Parent/Guardian or Adult Student	Date	Parent/Guardian or Adult Student	Date
School District/Agency Representative	Date	Special Education Teacher/Provider	Date
General Education Teacher	Date	Participant	Date
Participant	Date	Participant	Date
Participant	Date	Participant	Date
Participant	Date	Participant	Date
Participant	Date	Participant	Date

Please read and sign, if applicable:

I gave the facilitation coordinator at the South Carolina Department of Education/Office of Exceptional Children permission to share the IEP with the facilitator, prior to the meeting, via telephone or email.



Student's Name:

Facilitated IEP Project Feedback Form

School:

South Carolina Department of Education Office of Exceptional Children 1429 Senate Street, Room 808 Columbia, South Carolina 29201 (803)734-2833 Fax (803)734-4824

ipant's Name:	School District/Agency:	ency:				
Date:						
Instructions: Please use the provided statements and scale to offer feedback about today's meeting. There are no right or wrong answers and your feedback is confidential.	Strongly Agree	Agree	Disagree	Strongly Disagree	COMMENTS	I
1. Room: The room was comfortable and private. Seating was arranged so that I felt equal to other participants.						- 1
Participants: The right people were at the meeting or were easily available. Greetings and introductions were friendly. Nametags or nameplates helped me remember who everybody was.						
3. Materials: I received the information I needed to participate and was able to come prepared to the meeting.						
The IEP: I understood the purpose and goals of the IEP meeting and felt that I contributed to writing the IEP.					10 COM 10	
5. Decisions: The decisions made in the IEP were clear to me. I am committed to supporting these decisions and understand how and when they will be carried out and reviewed.			70			
6. Rights: I felt that my rights and the rights of others were protected.						
7. Meeting Format: I liked the way the group gathered information and made decisions. The meeting was organized, efficient, and productive.						1
8. Communication: I felt comfortable sharing my thoughts. People asked good questions, summarized what I said and avoided words (jargon) not everyone understood.						
9. Feedback: I liked using this form to provide meeting feedback and believe that this type of meeting feedback can be an important part of improving IEPs.						
10. Roles & Responsibilities: I felt that everyone shared responsibilities and played a role in the meeting. No one person dominated the meeting.						
11. Ideas & Opinions: The group was comfortable hearing different viewpoints and I felt comfortable expressing my ideas.						1
12. Facilitator: The facilitator kept the group focused and the meeting moving forward.						
13. Please circle (only one) your primary role in this IEP meeting. Parent or Guardian Special Education Teacher General Education Teacher Advocate Student Special Education Supervisor Psychologist Other:						

14. Please place the completed form in the envelope provided, seal the envelope and hand it to the facilitator. You may also mail/lax the completed form to the Facilitation Coordinator at the OEC. Adapted with permission of the University of Delaware, Conflict Resolution Program.