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| **REQUEST FOR A FACILITATED IEP MEETING** |
| Individual Education Plan (IEP) Facilitations are conducted when parent(s) and district are in disagreement about how the IEP is written. An impartial facilitator is assigned by Special Education Programs (SEP) to assist the parties with the communication process in order to develop an acceptable IEP.  Division of Education Services and Supports  Special Education Programs (SEP)  <https://doe.sd.gov/sped/complaints.aspx>  For Questions Contact:  Dispute Resolution Coordinator  (605)773.3678 |

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| **INSTRUCTIONS:** |
| 1. Either the parent or school district may initiate the facilitated IEP process by completing this form and sending or faxing the completed form to the contact information provided above. 2. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided below.   *\* Special Education Programs will appoint a facilitator for the IEP meeting from a list of trained professionals.*   1. Parties should try and contact Special Education Programs at least two weeks prior to the IEP meeting.   *\* Both parties must agree to the IEP facilitation in order for the process to take place. Special Education Programs will keep the parties notified about the progress of the request.* |

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| **WE UNDERSTAND AND AGREE TO THE FOLLOWING:** |
| * We are requesting that Special Education Programs appoint a neutral facilitator from its roster. * We understand that the Special Education Programs pays the fees of the facilitator. * We understand that the signing of this request gives the facilitator access to student records during the time of the facilitation process. * We understand that the facilitator is not a member of the IEP team. * We understand that the facilitator cannot provide legal advice to any participant. |

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| **GENERAL INFORMATION:** | | |
| Name of School District Administrator | Name of Student | Date of Birth |
| Name of School District | Name of Parent/Guardian | |
| Address | Address | |
| City/State/Zip | City/State/Zip | |
| Telephone | Telephone | |

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| **Signatures:** | |
| Signature of District Administrator | Date Signed |
| Signature of Parent/Guardian | Date Signed |

Complete and submit one (1) signed copy. Retain a copy for your records.

**Submit signed form to:**

Special Education Programs

Dispute Resolution Coordinator

800 Governors Drive

Pierre, SD 57501-2294

Fax: (605)773.3782