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| **SAMPLE REQUEST FOR A FACILITATED IEP MEETING** |
| Individual Education Program (IEP) Facilitation is available to parents and public-school districts to resolve a dispute involving any matter arising under Part B of the Individuals with Disabilities Education Act (IDEA). An impartial facilitator is assigned by Special Education Programs (SEP) to assist the parent and school district with the communication process in order to develop a mutually acceptable IEP.  Division of Special Education and Early Learning  Special Education Programs  <https://doe.sd.gov/sped/complaints.aspx>  *If you have questions regarding special education or due process hearing rights or requirements, you may contact Special Education Programs at the South Dakota Department of Education at*  *1-605-773-3678.* |

**This form is provided to you as a model for your use, you are not required to use this form.**

**WE UNDERSTAND AND AGREE TO THE FOLLOWING:**

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| * 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. |

**SUMMARY OF ISSUES:**

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| The following is a summary of the issue(s) that I/we will discuss in the IEP Facilitation: (use the back side of this sheet if more room is needed) |

**GENERAL INFORMATION:**

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| --- | --- |
| **District Information** | **Student Information** |
| Name of School District Administrator: | Name of Student: |
| Name of School District: | Name of Parent/Guardian: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Telephone: | Telephone: |

**AGREEMENT TO PARTICIPATE IN IEP FACILITATION:**

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| --- | --- |
| Signature of District Administrator | Date Signed |
| Signature of Parent/Guardian | Date Signed |

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**INSTRUCTIONS:**

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| 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 below. 2. Both the parents and school district may jointly complete one form. 3. The Dispute Resolution Coordinator will work with the parties to schedule a mutually agreeable time and location for the IEP Facilitation to take place.   *\* 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.* |

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

**Please submit request to:**

Special Education Programs

Dispute Resolution Coordinator

800 Governors Drive

Pierre, SD 57501

Or by

Email: [Wendy.Trujillo@state.sd.us](mailto:Wendy.Trujillo@state.sd.us)

Fax: 605-773-6139