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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 SupportsSpecial Education Programs (SEP)<https://doe.sd.gov/sped/complaints.aspx> For Questions Contact:Dispute Resolution Coordinator(605)773.3678 |

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

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| **INSTRUCTIONS:** |
| 1. Either the parent, school district or state special school 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, school district and state special school 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:**

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| **School District Administrator:** |
| **School District Name:** |
| **Address:** |
| **City/State/Zip:** |
| **Telephone Number:** |

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| **Name of Student:** |
| **Date of Birth:** |
| **Name of Parent(s)/Guardian(s):** |
| **Address:** |
| **City/State/Zip:** |
| **Telephone Number:** |

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| **State Special School Administrator:** |
| **Name of State Special School:** |
| **Address:** |
| **City/State/Zip:** |
| **Telephone Number:** |

**AGREEMENT TO PARTICIPATE IN IEP FACILITATION:**

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| **Signature of District Administrator** | **Date Signed** |
| **Signature of Parent/Guardian** | **Date Signed** |
| **Signature of State Special School** | **Date Signed** |

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

Fax: 605-773-6139