

## REQUEST FOR SPECIAL EDUCATION IEP FACILITATION

You are not required to use this form to request assistance with facilitating an Individualized Education Plan (IEP) meeting. However, this form is designed to assist the Louisiana Department of Education in arranging the facilitated IEP team meeting

### **1. Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Name of school student attends/attended: \_\_\_\_\_

Male  Female Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Exceptionality: \_\_\_\_\_

Is student currently receiving special education services?  Yes  No

### **2. Requestor Information**

*The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.*

Requestor Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Does requestor need accommodations in order to participate in this process?  Yes  No

### **3. IEP/Background Information**

*An IEPF should not be requested if this dispute is related to a manifestation determination or interim alternative placement setting under 34 CFR § 300.530 or § 300.531.*

Last IEP Meeting date: \_\_\_\_\_ Next IEP Meeting Date: \_\_\_\_\_

Is mediation pending for this student?  Yes  No

Are these dispute issues also the subject of a pending formal complaint investigation or due process hearing request filed by either party? Yes  No

Have the parties participated in state facilitation for this student this school year?  Yes  No

IEP Issues/ Concerns:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> identification/evaluation    | <input type="checkbox"/> annual goals and objectives       | <input type="checkbox"/> assessments                     |
| <input type="checkbox"/> placement                    | <input type="checkbox"/> related services (speech, OT, PT) | <input type="checkbox"/> autism services                 |
| <input type="checkbox"/> progress monitoring          | <input type="checkbox"/> discipline/ behavior              | <input type="checkbox"/> education/service site location |
| <input type="checkbox"/> present performance levels   | <input type="checkbox"/> paraprofessional services         | <input type="checkbox"/> residential placement           |
| <input type="checkbox"/> accommodations/modifications | <input type="checkbox"/> assistive technology              | <input type="checkbox"/> transportation                  |
| <input type="checkbox"/> transition services          | <input type="checkbox"/> implementation of IEP             | <input type="checkbox"/> extracurricular & non-academic  |
| <input type="checkbox"/> ESY services                 | <input type="checkbox"/> benchmarks and measurable         | <input type="checkbox"/> deaf/hearing impaired           |
|   |  | <input type="checkbox"/> blind/vision impaired           |

\*Three dates you are available: \_\_\_\_\_

**4. Signature(s)**

**By signing this document, the parent, school district/ charter school, and requestor agree that the assigned facilitator may access the student's education record for the purposes of the SBLC/ IEP team meeting.**

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail, fax, or email your request to:

**Louisiana Department of Education**

Attn: Legal Division

1202 North 3<sup>rd</sup> Street

Baton Rouge, La 70802

Fax: (225) 342-1197

Email: [DisputeResolution.DOE@la.gov](mailto:DisputeResolution.DOE@la.gov)

*The Department will contact the other party to determine if they are willing to participate in a facilitated IEP team meeting. If the other party agrees to participate, we will contact you to arrange the meeting. However, if the other party refuses to participate, the Department will notify you and inform you that the other party has refused to participate.*

*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, the facilitation meeting may extend beyond the allotted time with all members in agreement.*

*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 your expectations from participating in a LDE IEP facilitation.***

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