

The Resolution Project @ Advocates for Justice and Education, Inc.

Facilitated IEP Meeting Request Form
For Parents, Educators and School Officials

Date: _____

Who is requesting a facilitator? Parent/Adult Student/Guardian School District Both

Date of last IEP Team Meeting: _____

I/We have concerns about the following areas of the IEP (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Identification, Evaluation | <input type="checkbox"/> Goals and Objectives |
| <input type="checkbox"/> Placement | <input type="checkbox"/> Related Services |
| <input type="checkbox"/> Progress reporting | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Present levels of education performance | <input type="checkbox"/> Implementation of IEP |
| <input type="checkbox"/> Accommodations/modifications | <input type="checkbox"/> ESY services |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Other: _____ |

Date and time of next IEP Team Meeting (if already scheduled): _____

Please Print

LEA Name

Student's Name

Special Education Coordinator/LEA Representative

Student's Date of Birth

School Address

Parent/Guardian Name(s)

City State Zip

Address

Phone _____

City State Zip

Fax _____

Email _____

Phone: Home _____ Work _____

FERPA Release. This must be signed by the adult student or parent concerning. I, undersigned, agree that the facilitator and The Resolution Project can obtain private educational information from authorized staff of the identified LEA concerning the student identified in this document. The educational information released will be my contact information, the identity of the student, and information about the educational needs and disagreements on the educational programming of the student. This private educational information may be protected by the Family Educational Rights Privacy Act (FERPA). This information will be obtained by The Resolution Project for the purpose of conducting one or multiple facilitated IEP sessions. The facilitator and staff of The Resolution Project will limit access to private educational information to its staff members who require this information to assist with or conduct facilitated IEP sessions.

Parent or Guardian, Adult Student

Date

Submit completed form to The Resolution Project. Please view the back of this form for additional instructions.

Instructions

1. Fill out the information that pertains to you and sign the form. A facilitated IEP meeting will not be held until The Resolution Project receives this signed authorization.
2. Send this form to the other party to be completed and signed. When everyone has completed and signed the form, it can be submitted to The Resolution Project, by mail, fax or email.
3. If parents and the school district fill out this form at the same time, the school district will forward the form to The Resolution Project.
4. Once IEP Facilitation is requested and mutually agreed upon, The Resolution Project will provide coordination for meeting and assign a trained Facilitator.
5. Upon receiving this form, The Resolution Project will follow up with parties within 24 to 48 hours, or the next business day if submitted on a Friday or a holiday.
6. The school district remains responsible to give to the parent(s) the proper Letter of Invitation to the IEP meeting.
7. For additional information, contact The Resolution Project:

The Resolution Project @ AJE

Phone: (202) 469-3485

Fax: (202) 678-8062

Email: information@aje-dc.org

Mailing Address:

25 E Street, NW

4th Floor

Washington, D.C. 20001

Internal Use Only

How was request received? Mail Fax In-Person Email Date: _____