Minnesota Department of Education

Request for a Facilitated IEP/IIIP/IFSP* Meeting

Our last IEP team meeting was on (date) _____. We have concerns about the following areas of the IEP:

_____ identification, evaluation
_____ placement
_____ progress reporting
_____ present levels of education performance
_____ accommodations/modifications
_____ transition
_____ goals and objectives
_____ related services
_____ discipline/behavior
_____ services
_____ assistive technology
_____ implementation of IEP

- We request assistance in facilitating an IEP meeting.
- We know that using a facilitator is **voluntary** and **cannot be used to delay or deny the parent's right to a due process hearing**.
- Our goal is to write an acceptable IEP that focuses on the needs of the child.
- We understand that the facilitation will occur only if the required team members are present or excused appropriately.
- We agree not to call the facilitator to testify in any subsequent proceedings.
- The Minnesota Department of Education provides a facilitator, at no cost to the participants, to assist schools and parents in reaching consensus on an IEP.

Please Print

School District/Cooperative Name and Number

School Administrator's Name and Title

Address

City State Zip

Phone Number

Fax Number

Email Address

Date

School Administrator's Signature

Student's Name

Date of Birth Grade Disability

Parent/Guardian Name(s)

Address

City State Zip

Home Phone Work Phone Cell Phone

Fax Number

Email Address

Best daytime contact: ☐ home ☐ work ☐ cell

Date

Parent/Guardian's Signature

Please review instructions on the next page before completing this form.

* All references to the Individual Education Program (IEP) in this document also include the Individual Interagency Intervention Plan (IIIP) and the Individual Family Service Plan (IFSP)

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Instructions

1. Fill out the information that pertains to you and sign the form.

2. Send this form to the other party to be completed and signed or submit it directly to the Minnesota Department of Education (MDE). The Alternative Dispute Resolution (ADR) coordinator will contact the other party to see if they are willing to work with a facilitator to develop an acceptable IEP.

3. If parties fill out this form at the same time, the school district will forward the form to MDE.

4. Once the request form is signed by the parents and the school staff, the district schedules an IEP meeting and faxes the notice of the meeting and the current IEP to MDE. The notice will include the date, time, place and address of the meeting. Upon receipt of this information, the ADR coordinator needs 7 days to assign a facilitator and send confirmation materials.

5. For additional information, contact Patricia McGinnis, ADR Coordinator, at 651-582-8222 or toll free at 1-866-466-7367. Email: patricia.mcginnis@state.mn.us. Fax: 651-582-8498. For TTY communication, contact the Minnesota Relay Service: 1-800-627-3529.

Alternative Dispute Resolution Services
Minnesota Department of Education
1500 Highway 36 West
Roseville, Minnesota 55113

Authorization to Release Educational Data

By agreeing to participate in a facilitated IEP meeting, we are authorizing School District # _____ and its employees, agents and contractors to share information with the Minnesota Department of Education about our child's identity, needs, and issues surrounding disagreements about educational programming.

Date: _____ Parent/Guardian Signature _____

Date: _____ Parent/Guardian Signature _____

A facilitated IEP meeting will not be held until MDE receives this signed authorization.