

<<Date>>

<<First and Last Name>>, Special Education Director
<<District Name>> School District #<<District Number>>
<<Mailing Address>>
<<City>>, ID <<Zip Code>>

RE: Reference Number <<Case #>>

Dear <<Salutation>> <<SPED Director Last Name>>:

The State Department of Education (SDE) has received a request for facilitation that has been accepted by both parties. <<Facilitator First and Last Name>> will be the Facilitator assigned to this case. <<Salutation>> <<Facilitator Last Name>>'s phone number is (208) <<Phone Number>>.

Enclosed is an evaluation form for you to fill out after the facilitation has been completed. We've provided a return envelope for you to mail the completed evaluation form to us. This evaluation form will be reviewed by the Dispute Resolution Coordinator, Dr. Melanie Reese, and will not be shared with the district or the facilitator directly. Your opinion of our facilitator and the overall process is very important for our efforts to continually improve the services provided by the Dispute Resolution office.

Please contact me at (208) 332-6912 or (800) 432-4601 if you have any questions.

Sincerely,

<<First and Last Name>>
Administrative Assistant
Special Education Department

Enclosures