

## Request for Special Education IEP Facilitation

You may choose not to use this form to request IEP facilitation. However, this form is designed to assist the Louisiana Department of Education in arranging the facilitated IEP meeting.

<b>1. Student Information</b>
Name _____ Date of birth ____ / ____ / ____
Address _____
City _____ State _____ Zip _____
Phone number _____ Alternate phone number _____
Name of school district _____
Name of campus student attends/attended _____

<b>2. Requestor Information</b>
<i>The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.</i>
Name _____ Relationship to student _____
Address _____
City _____ State _____ Zip _____
Phone number _____ Alternate phone number _____
Fax number _____ Email Address _____

<b>3. Signatures</b>
Signature of Requestor _____ Date _____

Mail, fax, or email your request for IEP Facilitation to:

<p>Louisiana Department of Education Attn: Legal Division 1201 North 3<sup>rd</sup> Street Baton Rouge, LA 70802 Fax: (225) 342-1197 Email: <a href="mailto:madavis@la.gov">madavis@la.gov</a></p> <p><i>The Department will contact the other party to determine their willingness to participate in a facilitated IEP meeting. If the other party agrees to participate, you will be contacted to arrange the meeting. If the other party refuses to participate, the Department will inform you of their refusal.</i></p>
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