

Facilitated IEP Project Participation Agreement Form

Student's Name _____

1. I understand we are here to focus on the needs of the student and that this is most likely to occur if I share information openly.
2. I understand that the facilitator is here to assist us through the IEP process and to help us discuss and resolve IEP issues. The facilitator will not make decisions or tell us how to solve the IEP issues. I understand that the facilitator is not acting as a judge or decision-maker. I understand that the facilitator serves the *whole group* rather than an individual and assists the group with the *process* of the IEP meeting rather than the *content* of the IEP. I understand that the facilitator will not give legal or financial advice.
3. I understand that the minimally required team members need to be present for the facilitation to occur, unless the school district/agency and parent have agreed in writing to excuse the members. I understand the school district/agency must adhere to all federal regulations regarding excusals.
4. I understand the school district is legally responsible for the special education and related services of the IEP developed through this process. Therefore, if the team cannot come to consensus, the school district/agency must make the decision(s), and the parent or adult student, can request mediation or a due process hearing.
5. I am aware that the facilitator will not testify about the facilitated IEP meeting in any subsequent proceedings and will adhere to confidentiality rules regarding my child.

Parent/Guardian or Adult Student Date

Parent/Guardian or Adult Student Date

School District/Agency Representative Date

Special Education Teacher/Provider Date

General Education Teacher Date

Participant Date

Participant Date

Participant Date

Participant Date

Participant Date

Participant Date

Participant Date

Participant Date

Participant Date

Please read and sign, if applicable:

I gave the facilitation coordinator at the South Carolina Department of Education/Office of Exceptional Children permission to share the IEP with the facilitator, prior to the meeting, via telephone or email.

Parent/Guardian or Adult Student Date