



south dakota
DEPARTMENT OF EDUCATION
 Learning. Leadership. Service.

Special Education Programs
 800 Governors Drive
 MacKay Building
 Pierre, SD 57501-2294

REQUEST FOR A FACILITATED IEP MEETING

Complete and submit one (1) signed copy. Retain a copy for your records.

Submit signed form to:

**Special Education Programs
 IEP Facilitation Coordinator
 800 Governors Drive
 Pierre, SD 57501-2294
 PHONE: 605-773-3678 FAX: 605-773-3782**

INSTRUCTIONS

1. Either the parent or school district may initiate the facilitated IEP process by completing this form and sending or faxing the completed form to the contact information provided above.
2. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. Special Education Programs will appoint a facilitator for the IEP meeting from a list of trained professionals.
3. Parties should try and contact Special Education Programs at least two weeks prior to the IEP meeting. Both parties must agree to the IEP facilitation in order for the process to take place. Special Education Programs will keep the parties notified about the progress of the request.

WE UNDERSTAND AND AGREE TO THE FOLLOWING

1. We are requesting that Special Education Programs appoint a neutral facilitator from its roster.
2. We understand that the Special Education Programs pays the fees of the facilitator.
3. We understand that the signing of this request gives the facilitator access to student records during the time of the facilitation process.
4. We understand that the facilitator is not a member of the IEP team.
5. We understand that the facilitator cannot provide legal advice to any participant.

GENERAL INFORMATION

Name of School District Administrator			Name of Student			Date of Birth		
Name of School District			Name of Parent/Guardian					
Address			Address					
City		State	Zip		City		State	Zip
Telephone			Telephone (Daytime)					

SIGNATURES

We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.

Signature of District Administrator		Date Signed	Signature of Parent/Guardian		Date Signed
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