

Facilitated IEP Meeting Intake Form

For Internal Use Only

Date: _____ Case ID: _____ Staff: _____

How was request received? Mail Fax Phone Email Other: _____

How did you hear about FIEP?

Have you previously participated in another DR option with this family/school? Y N

If so, which/when?

Who is requesting a facilitator? Parent/Adult Student/Guardian School District Both

Student and Parent/Guardian Information

Student's Name:

Parent/Guardian(s) Name(s):

With whom does the student live?

Address:

Tel: H (____) _____ W (____) _____ Cell (____) _____

E-mail:

Legal representation? Y N

Advocate? Y N

What is the student's disability?

School/District Information

School Representative Name:

Position/Title:

Address:

Telephone Number: (____) _____ Fax: (____) _____ E-mail:

Legal representation? Y N

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Type of IEP: First Annual 3-year re-evaluation Other: _____

Date of last IEP meeting: _____ IEP renewal date: _____

Has the team met previously for the current IEP? Y N If so, how long was the meeting?

Who is responsible for drafting the IEP?

Is someone else responsible for overseeing implementation of the IEP? Y N If so, who?

What, if any, related services are involved?

Is the student involved with any programs outside school? Y N If so, which are part of the IEP?

Is there a meeting already scheduled for which you're requesting a facilitator? Y N If so, when?

Has a notice been sent? Y N

Where is the team in the evaluation cycle?

Are there evaluation results that need to be shared prior to the meeting? Y N

Who are the key people who will attend the IEP meeting and what required role, if any, will they fill?

How might a facilitator be helpful?

What concerns are there about the IEP or the IEP meeting?

Are there any other circumstances about the student that we should be aware of?

Do you require any accommodations for the meeting? Y N If so, please advise:

Do you have any special scheduling needs? Are there times that would be particularly challenging for you to meet?

It will help us to evaluate the program if you will provide answers to these questions:

1) I believe the relationships between the family and school are generally positive.

Strongly Disagree	Disagree	Agree	Strongly Agree	NA
1	2	3	4	

2) I believe the school staff understands the family's views and perspectives.

Strongly Disagree	Disagree	Agree	Strongly Agree	NA
1	2	3	4	

3) I believe the family understands the school's views and perspectives.

Strongly Disagree	Disagree	Agree	Strongly Agree	NA
1	2	3	4	

4) I believe the student has an educational plan that meets his/her needs.

Strongly Disagree	Disagree	Agree	Strongly Agree	NA
1	2	3	4	