



FACILITATED IEP MEETING REQUEST FORM

Please send to: Dispute Resolution Office
 Office of Special Services
 Maine Department of Education
 23 State House Station
 Augusta, ME 04333-0023
 Email: dueprocess.doe@maine.gov
 Fax: (207) 624 - 6641

Date of receipt by MDOE:

- Either the parent/guardian, adult student or school district may submit a request.
- Both the parent/guardian/adult student and district may jointly complete one form.
- Parties should contact the Department at least 14 days prior to the IEP meeting.
- Both parties must agree to the IEP facilitation.

Who is initiating the request? Parent/Guardian or Adult Student School District Both

General Information:

Name of Student: _____ Date of Birth : _____ Grade: _____	Parent/Guardian: _____ Address: _____ _____ Phone: _____ Email: _____
School District: _____ Administrator: _____ Address: _____ _____ Phone: _____ Email: _____	2 nd Parent/Guardian: _____ Address: _____ _____ Phone: _____ Email: _____
Check One <input type="checkbox"/> Date, time and location of meeting: _____ <input type="checkbox"/> Date, time, and location of meeting are not set	
Type of Meeting (check all that apply) <input type="checkbox"/> Evaluation/Reevaluation <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual IEP <input type="checkbox"/> Other _____	
I (we) am (are) requesting a Facilitated IEP meeting because: (use additional pages if needed)	



I (We) understand and agree to the following:

- The facilitated IEP meeting process is voluntary and cannot be used to delay or deny due process rights.
- A neutral facilitator will be selected by the Department.
- Minimally required IEP team members must be present for the meeting to take place.
- The facilitator is not a member of the IEP team, does not make IEP decisions and cannot provide legal advice to any participant.
- Signing this request (parent/guardian/adult student) gives the facilitator access to the student’s education records.
- Neither party shall call the facilitator to testify or be interviewed in any subsequent proceedings.

Signatures:

School District Administrator	Parent/Guardian/Adult Student
Date: _____	Date: _____

Please Note:

If only one party has submitted a request, the Department will contact the other party to determine if they are willing to participate. If they are, the Department will ask the other party to fill out a request form and then appoint a facilitator.

Parents and school districts/agencies should prepare for a maximum of 3 hours when scheduling a facilitated IEP meeting. School districts/agencies must follow federal and state regulations regarding excusals. If it appears that additional time is needed to adequately discuss concerns/issues, the facilitation may extend beyond the allotted time with all members in agreement.

For additional information or assistance, you may wish to contact:

- The superintendent or special education director of the school district or CDS site board chair or regional CDS site director.
- The MDOE, Due Process Office-telephone: 207-624-6644 fax: 207-624-6641 Maine Relay 711 or email: dueprocess.doe@maine.gov
- The Maine Parent Federation (mpf.org) 800-870-7746

The State of Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Legal Secretary Associate, at 207-624-6644, Maine Replay 711 or email: dueprocess.doe@maine.gov

Dispute Resolution Office
Office of Special Services
Maine Department of Education
23 State House Station
Augusta, ME 04333-0023
Voice: 207-624-6644
Fax: 207-624-6641
TTY: MAINE RELAY 771