



**REQUEST FOR A FACILITATED IEP MEETING**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SPECIAL EDUCATION  
SFN 58305 (07/2017)

Student Name
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**School District Information**

School District/Special Education Unit	City	State	ZIP Code (ex. 58504-0440)
Name of Person Completing Form	Title of Person Completing Form		
Telephone Number			Fax Number

**Parent/Guardian Information**

Parent/Guardian Name	Student's Age	Grade
Cell Phone Number	Work Telephone Number	Home Telephone Number
Disability		

**In our last IEP team meeting, we reached an impasse regarding the following areas:**

- |  |   |
|--|---|
| <input type="checkbox"/> Placement                                 | <input type="checkbox"/> Adaptations/accommodations |
| <input type="checkbox"/> Identification/evaluation                 | <input type="checkbox"/> Related Services           |
| <input type="checkbox"/> Present levels of educational performance | <input type="checkbox"/> Assistive Technology       |
| <input type="checkbox"/> Services                                  | <input type="checkbox"/> Progress Reporting         |
| <input type="checkbox"/> Transition                                | <input type="checkbox"/> Discipline/Behavior        |
| <input type="checkbox"/> Goals (objective)                         | <input type="checkbox"/> Implementation of IEP      |
| <input type="checkbox"/> Other (specify)                           |   |

**IEP Facilitation:**

- Is a voluntary process;
- Uses a neutral third party;
- Permits a guided IEP meeting;
- Assists the IEP team members to communicate effectively;
- Supports all team members;
- Provides an opportunity to identify new options to address unresolved concerns.

**The IEP Facilitator:**

- Is neutral;
- Is knowledgeable and experienced in the IEP process;
- Participates only when invited by both parties, but is not a member of the IEP team;
- Ensures that the meeting is student-focused;
- Does not make decisions and does not tell the IEP team members how to solve issues;
- Does not provide legal advice.

Signature of Parent/Guardian or Adult Student	Date
Signature of District Administrator	Date

**For State Office Use Only**

<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	Reasons
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**Return to:**

ND Department of Public Instruction  
Office of Special Education  
600 E. Blvd. Ave., Dept. 201  
Bismarck, ND 58505-0440  
(701) 328-4149 (Fax)