

Facilitated IEP Instructions for Requesting a Facilitated IEP Meeting

1. Fill out the information that pertains to you and sign the form.
2. Send the form to the other party to be completed and signed or submit it directly to the San Mateo County Special Education Local Plan Area (SELPA). The SELPA facilitation coordinator will contact the other party to see if they are willing to work with a facilitator to develop an acceptable IEP.
3. If parties fill out this form at the same time, either party may forward the form to the SELPA.
4. Once the request form is signed by the parents and the school staff, the school district/agency schedules an IEP meeting at a mutually agreeable time and place, and faxes the notice of the meeting and the current IEP to the SELPA. The notice will include the date, time, place and address of the meeting. The SELPA requires that parties requesting a facilitator do so at least 10 working days before the scheduled date of the IEP meeting to give the SELPA facilitation coordinator time to confirm that both parties agree to use facilitation; locate an available facilitator; and meet separately with the family, and with a designee from the district, for the purpose of gathering relevant information.
5. The SELPA facilitation coordinator will make every attempt to locate a facilitator who is available during the time frame chosen by the IEP team. If no facilitator is available on this date, the IEP team may need to reschedule the meeting or proceed without the facilitator. Please note that a facilitated IEP meeting will not be scheduled if the facilitation coordinator determines that the issues identified by the parties are not related to the student's IEP or otherwise determines that facilitation is not an appropriate resolution option. In such cases, the facilitation coordinator will work with the parties to identify other resolution options.
6. For additional information, contact the San Mateo County SELPA at: (650) 802-5473, or fax (650) 802-5474:

San Mateo County Office of Education
Special Education Services – SELPA
101 Twin Dolphin Drive
Redwood City, CA 94065-1064

Facilitated IEP Request for Facilitated IEP Meeting

- We request assistance in facilitating an IEP meeting.
- We know that using a facilitator is voluntary and cannot be used to delay or deny the parent or adult student's right to a due process hearing.
- Our ultimate desired outcome is to write an acceptable IEP that focuses on the needs of the student.
- We understand that the facilitation will occur only if the minimally required team members are present.
- We understand that the facilitator is not a member of the IEP team, and therefore, we agree not to call the facilitator to testify in any subsequent proceedings.
- The San Mateo County Special Education Local Plan Area (SELPA), provides a facilitator at no cost to the participants, to assist schools and parents in reaching consensus on an IEP.

Please Print

Student's Name

Disability

DOB (optional) Age Grade

Parent/Guardian Name(s)

Address

City State Zip

Home () _____

Work () _____

Fax () _____

Cell () _____

Email _____

School District/Agency

Special Education Director's Name

Address

City State Zip

Phone () _____

Fax () _____

Email _____

Special Education Director's Signature/Date

Parent/Adult Student's Signature

Date

Our last IEP team meeting was on (date) _____. We have concerns about the following areas of the IEP:

- | | | |
|--|---|--|
| <input type="checkbox"/> Identification, Evaluation | <input type="checkbox"/> Placement | <input type="checkbox"/> Progress reporting |
| <input type="checkbox"/> Present levels of education performance | <input type="checkbox"/> Goals and objectives | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Accommodations/modifications | <input type="checkbox"/> Related services | <input type="checkbox"/> Discipline/behavior |
| <input type="checkbox"/> Services | <input type="checkbox"/> Assistive technology | <input type="checkbox"/> Implementation of IEP |
| <input type="checkbox"/> Other _____ | | |

Briefly describe why a facilitator is needed for this meeting.

Parents and school districts/agencies should prepare for a minimum of three (3) hours when scheduling a Facilitated IEP Meeting. When there are a number of concerns/issues to discuss the meeting may exceed three (3) hours. Team members should be willing to stay until the agreed upon ending time, **unless excused in writing by the school district/agency and parent**. 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 meeting may extend beyond the allotted time with all members in agreement, or a second meeting could be scheduled.

Accessibility needs for the meeting (Of the parent or student with a disability).

Translation Needs (Please specify) _____

Interpreter Needs (Please specify): _____

Accessibility Needs (Please specify): _____

Please describe your desired expected outcome of using a facilitator.

Authorization to Release Educational Information For the Purpose of Facilitating the IEP Meeting

If the party requesting facilitation is the parent, guardian, surrogate parent, or adult student with a disability, please sign the following release.

By agreeing to participate in a facilitated IEP meeting, I am authorizing School District/Agency _____ and its employees, agents and contractors to share information about the IEP and other relevant information about the student's identity, needs, and issues surrounding disagreements about educational programming with the SELPA facilitation coordinator and assigned facilitator.

Signature _____ Date _____

A facilitated IEP meeting will not be scheduled until the San Mateo County SELPA receives this signed authorization and the consent of both parties to proceed with facilitation.

Facilitated IEP 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

Please read and sign, if applicable:

I gave the facilitation coordinator at the San Mateo County SELPA permission to share the IEP with the facilitator, prior to the meeting, via telephone or email.

Parent/Guardian or Adult Student Date