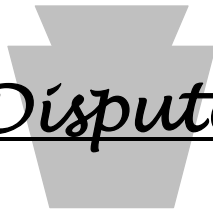


Office for Dispute Resolution



IEP FACILITATION REQUEST FORM

Must be completed and signed by Parent(s) and LEA (*Local Education Agency*)

Our last IEP team meeting was on (date) _____

An IEP meeting is currently scheduled for _____
(DATE) (TIME)

Concerns about the IEP (to be completed by the parent(s)):

Concerns about the IEP (to be completed by the district):

Please Print

LEA Name

Student's Name

LEA Contact Person

Student's Date of Birth

Exceptionality

Address

Parent/Guardian Name(s)

City State Zip

Address

Phone ()

City State Zip

Fax # ()

Phone: Home ()

Email:

Work ()

Email:

Date

Date

LEA Administrator's Signature

Parent/Guardian's Signature

(Continued on next page)

IEP FACILITATION REQUEST FORM (continued)

The IEP Facilitation will be held at the following address:

Site Location: _____

Address: _____

City: _____ State: _____ Zip: _____

LEA Contact Person: _____

Phone: _____

Instructions

1. Fill out the information that pertains to you and sign the form.
2. Send this form to the other party to be completed and signed, or submit it directly to ODR. If submitted directly to ODR, we will contact the other party to see if they are willing to work with a Facilitator to develop an acceptable IEP.
3. If parents and the school district fill out this form at the same time, the school district will forward the form to ODR.
4. Once IEP Facilitation is requested and mutually agreed upon, ODR will assign a trained Facilitator.
5. The school district remains responsible to give to the parents the proper invitation to the IEP meeting, including the purpose, time, location, and list of who has been invited.
6. For additional information, contact ODR at (800) 992-4334; fax at (717) 657-5983; or mail inquiries to:

**Office of Dispute Resolution
6340 Flank Drive
Harrisburg, PA 17112-2764**