A picture containing text

Description automatically generated **Office of Exceptional Children**

Request for Facilitated IEP Team Meeting

***\*Requests must be submitted at least (10) business days before a scheduled IEP Team meeting.***

***\* Each section of this form must be completed. An incomplete form may result in a delay or denial of request.***

***\*The assignment of a facilitator is based on both parties agreeing to engage in the FIEP process.***

Request made by: Parent LEA Other

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information for Parent/Guardian** | | **Student Information** | |
| Name: |  | Student Name: |  |
| Address: |  | Area of  Exceptionality: |  |
| City/Zip: |  | Age & Grade: |  |
| County: |  | Name of School/Charter School: |  |
| Telephone: |  | Principal: |  |
| Email: |  | Birthdate: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information for LEA** | | | **Purpose of Request** |
| Contact Person: Phone: Address: City/ZipEmail: |  | Initial Referral, Evaluation, Eligibility | | |
| Annual Review  IEP (review and revise, as appropriate)  Manifestation Determination Review  Re-evaluation Process  Other *(explain)*: | | |

**\**It is an expectation that one or more resolution options   
have been attempted, please indicate below (with date):***

|  |  |
| --- | --- |
| **Date: Early attempts at resolution:** | **Results of resolution attempts** (required)**:** |
| Parent-Teacher Conference |  |
| Parent-School Admin. Conference |  |
| IEP Team Meeting |  |
| Parent- EC Director Conference |  |

***If an IEP meeting has already been scheduled, what is the agreeable date between the parent and LEA:***

***\*\*\*Please consider and sign the FERPA form regarding information sharing\*\*\****

**Name of Person Submitting this Request:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**SEND SIGNED FORM VIA E-MAIL TO:**Facilitation Coordinator   
NC DPI Exceptional Children Division   
6356 Mail Service Center ~ Raleigh, NC 27699-6356   
[E-mail:](mailto:Facilitation@dpi.nc.gov) **Facilitation@dpi.nc.gov**

FIEP -1

1.10.23