**Exceptional Children Division**



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 ofExceptionality: |   |
| 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 ReviewIEP (review and revise, as appropriate)Manifestation Determination ReviewRe-evaluation ProcessOther *(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 OR FAX TO:**Facilitation Coordinator
NC DPI Exceptional Children Division
6356 Mail Service Center ~ Raleigh, NC 27699-6356
Fax: (984) 236-2693
E-mail: **Facilitation@dpi.nc.gov**

FIEP -1

9.9.21