



Facilitated IEP Project

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 South Carolina Department of Education (SCDE), Office of Exceptional Children (OEC). The OEC 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, the school district/agency will forward the form to the OEC.
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 OEC. The notice will include the date, time, place and address of the meeting. The OEC requires that parties requesting a facilitator do so at least 10 days before the scheduled date of the IEP meeting to give the OEC facilitation coordinator time to confirm that both parties agree to use facilitation; locate an available facilitator; and gather and share relevant information. The OEC 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.
5. For additional information, contact the OEC at 803-734-2833 or fax: 803-734-4824.

Office of Exceptional Children
South Carolina Department of Education
1429 Senate Street
Room 808
Columbia, South Carolina 29201



Facilitated IEP Pilot Project
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 goal is to write an acceptable IEP that focuses on the needs of the child.
- We understand that the facilitation will occur only if the minimally required team members are present.
- We agree not to call the facilitator to testify in any subsequent proceedings.
- The South Carolina Department of Education, Office of Exceptional Children, 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

School District/Agency

Disability

Special Education Director's Name

DOB (optional) Age Grade

Address

Parent/ Guardian Name(s)

City State Zip

Address

Phone () _____

City State Zip

Fax () _____

Home () _____

Email

Work () _____

Fax () _____

Cell () _____

Special Education Director's Signature Date

Email

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"/> accommodations/modifications | <input type="checkbox"/> transition |
| <input type="checkbox"/> goals and objectives | <input type="checkbox"/> related services | <input type="checkbox"/> discipline/behavior |
| <input type="checkbox"/> services | <input type="checkbox"/> assistive technology | <input type="checkbox"/> IEP implementation |
| <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, facilitation may not be the appropriate course of action. In such cases, the parties may wish to consider requesting mediation.

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 the expected outcome of using a facilitator.

Authorization to Release Educational Data

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 the IEP and other relevant information about the student's identity, needs, and issues surrounding disagreements about educational programming with the OEC facilitation coordinator.

Signature

Date

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



Facilitated IEP Project Feedback Form

Student's Name: _____ School: _____

Participant's Name: _____ School District/Agency: _____

Date: _____

Instructions:	Strongly Agree	Disagree	Strongly Disagree	Comments
Please use the provided statements and scale to offer feedback about today's meeting. There are no right or wrong answers and your feedback is confidential.				
1. Room: The room was comfortable and private. Seating was arranged so that I felt equal to other participants.				
2. Participants: The right people were at the meeting or were easily available. Greetings and introductions were friendly. Name tags or nameplates helped me remember who everybody was.				
3. Materials: I received the information I needed to participate and was able to come prepared to the meeting.				
4. The IEP: I understood the purpose and goals of the IEP meeting and felt that I contributed to writing the IEP.				
5. Decisions: The decisions made in the IEP were clear to me. I am committed to supporting these decisions and understand how and when they will be carried out and reviewed.				
6. Rights: I felt that my rights and the rights of others were protected.				
7. Meeting Format: I liked the way the group gathered information and made decisions. The meeting was organized, efficient, and productive.				
8. Communication: I felt comfortable sharing my thoughts. People asked good questions, summarized what I said and avoided words (jargon) not everyone understood.				
9. Feedback: I liked using this form to provide meeting feedback and believe that this type of meeting feedback can be an important part of improving IEPs.				
10. Roles & Responsibilities: I felt that everyone shared responsibilities and played a role in the meeting. No one person dominated the meeting.				
11. Ideas & Opinions: The group was comfortable hearing different viewpoints and I felt comfortable expressing my ideas.				
12. Facilitator: The facilitator kept the group focused and the meeting moving forward.				
13. Please circle (only one) your primary role in this IEP meeting.				
Parent or Guardian				
Special Education Teacher				
General Education Teacher				
Student				
Special Education Supervisor				
Psychologist				
Advocate				
Other: _____				
14. Please place the completed form in the envelope provided, seal the envelope and hand it to the facilitator. You may also mail/fax the completed form to the Facilitation Coordinator at the OEC.				