

# REQUEST FOR A FACILITATED IEP MEETING

Jointly complete and submit one signed copy

To: Art Stewart, ODRAS, SESS  
P.O. Box 2120  
Richmond, Virginia 23218-2120  
[arthur.stewart@doe.virginia.gov](mailto:arthur.stewart@doe.virginia.gov)  
FAX: 804-786-8520

## Instructions

1. The parent and school division must jointly initiate the Facilitated IEP process by completing this form and sending the completed form to the above contact.
2. Parties should submit this form at least two weeks prior to the IEP meeting. Both parties must agree to the facilitation in order for it to take place.

We understand and agree to the following:

1. We understand that the facilitation will take place without cost to the parties.
2. We understand that signing of this request gives the facilitator access to student records during this facilitation process.
3. We understand that the facilitator is not a member of the IEP team.
4. We understand that the facilitator cannot provide legal advice to any participant.

GENERAL INFORMATION							
Name of School District Administrator			Name of Student		Date of Birth		
Name of School District			Name of Parent/Guardian				
Address			Address				
City		State	Zip	City		State	Zip
Telephone Area/No.		Email address		Telephone Area/No.		Email address	
Check One:							
<input type="checkbox"/> The date and time are set for the IEP meeting.			<input type="checkbox"/> The date and time are NOT set yet for the IEP meeting.				
I (we) am (are) requesting a Facilitated IEP meeting because:							
SIGNATURES							
We understand that Facilitated IEP is a voluntary IEP support option. We understand and agree with the four items noted above.							
Signature of School Division Administrator		Date Signed	Signature of Parent/Guardian		Date signed		
January 2018							
The facilitation program is a joint project between the Virginia Department of Education and the School for Conflict Analysis and Research at George Mason University.							

