

REQUEST FOR SPECIAL EDUCATION IEP FACILITATION

You are not required to use this form to request assistance with facilitating an Individualized Education Plan (IEP) meeting. However, this form is designed to assist the Louisiana Department of Education in arranging the facilitated IEP team meeting.

1. Student Information			
Name: McClellan		Date of Birth: [REDACTED]	
Address: [REDACTED]			
City: New Orleans		State: LA	Zip: 70116
Phone number: [REDACTED]		Alternate phone number: [REDACTED]	
Name of school student attends/attended: Lake Forest Charter Elementary			
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Grade: 5th	Race: _____ Exceptionality: _____
Is student currently receiving special education services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Requestor Information	
<i>The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.</i>	
Requestor Name: Markethy & Latessia McClellan	Relationship to student: Parents
Address: [REDACTED]	
City: New Orleans	State: LA Zip: 70116
Phone number: [REDACTED]	Alternate phone number: [REDACTED]
Fax number: [REDACTED]	Email address: [REDACTED]
Does requestor need accommodations in order to participate in this process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. IEP/Background Information	
<i>An IEPF should not be requested if this dispute is related to a manifestation determination or interim alternative placement setting under 34 CFR § 300.530 or § 300.531.</i>	
Last IEP Meeting date: 01/17/2019	Next IEP Meeting date: _____
Is mediation pending for this student? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are these dispute issues also the subject of a pending formal complaint investigation or due process hearing request filed by either party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have the parties participated in a state facilitation for this student this school year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IEP Issues/Concerns:	
<input type="checkbox"/> identification/evaluation <input type="checkbox"/> placement <input checked="" type="checkbox"/> progress reporting <input type="checkbox"/> present performance levels <input checked="" type="checkbox"/> accommodations/modifications <input type="checkbox"/> transition services <input type="checkbox"/> ESY services	<input checked="" type="checkbox"/> annual goals and objectives <input type="checkbox"/> related services (speech OT PT) <input type="checkbox"/> discipline/behavior <input type="checkbox"/> paraprofessional services <input type="checkbox"/> assistive technology <input checked="" type="checkbox"/> implementation of IEP <input checked="" type="checkbox"/> benchmarks and measurable
<input checked="" type="checkbox"/> assessments <input type="checkbox"/> autism services <input type="checkbox"/> education/service site location <input type="checkbox"/> residential placement <input type="checkbox"/> transportation <input checked="" type="checkbox"/> extracurricular & non-academic <input type="checkbox"/> deaf/hearing impaired <input type="checkbox"/> blind/vision impaired	
*Three dates you are available: 3/11/19, 3/12/19/, or 3/13/19	

4. Signature(s)

By signing this document, the parent, school district/charter school, and requestor agree that the assigned facilitator may access the student's education record for the purposes of the SBLC/IEP Team meeting.

Requestor's Signature



Date: 2 / 25 / 2019

Mail, fax, or email your request to:

Louisiana Department of Education

Attn: Legal Division

1201 North 3rd Street

Baton Rouge, LA 70802

Fax: (225) 342-1197

Email: DisputeResolution.DOE@la.gov

SUBMIT REQUEST

The Department will contact the other party to determine if they are willing to participate in a facilitated IEP team meeting. If the other party agrees to participate, we will contact you to arrange the meeting. However, if the other party refuses to participate, the Department will notify you and inform you that the other party has refused to participate.

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, the facilitation meeting may extend beyond the allotted time with all members in agreement.

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 your expectations from participating in a LDE IEP facilitation.
