### REQUEST FOR A FACILITATED IEP MEETING

**Jointly complete and submit one signed copy**

 **To: Kathryn Jones, ODRAS, SESS**

 **P.O. Box 2120**

 **Richmond, Virginia 23218-2120**

ODRAS@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.

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| 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: 🞎 The date and time are set for the IEP meeting. 🞎 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 |
|  October 2021The facilitation program is a joint project between the Virginia Department of Education and the School for Conflict Analysis and Research at George Mason University. |