



**FACILITATED INDIVIDUALIZED EDUCATION PROGRAM (FIEP) MEETING REQUEST**

**INSTRUCTIONS**

A Facilitated Individualized Education Program (FIEP) meeting is a meeting that utilizes a trained facilitator to assist the IEP team to communicate openly and effectively in order to reach consensus about a student’s IEP. The Department of Elementary and Secondary Education (DESE) will provide a neutral facilitator at no cost to the participants to assist schools and parents in reaching consensus on an IEP. Data will be solicited from all IEP team members to assist with future planning. The district will provide any interpreter services if needed.

DESE will contact and assign a facilitator who will collaborate with the parent/adult student and district to agree on a date and time for the IEP with at least 14 calendar days of advance notice to allow for meeting preparation. The district will then schedule the IEP meeting with appropriate staff and distribute the Notification of Meeting as required. The Notification of Meeting will include the required components.

An alternative to a facilitated IEP is mediation. Should the FIEP not result in an agreed upon IEP, mediation may be an option. For more information on mediation, please contact DESE’s Office of Special Education at 573-751-0602.

Complete information that pertains to you, sign, and send this form to the other party (district/parent or adult student) to be completed and signed. **Once completed, the district will complete the following:**

**MAIL form to** Missouri Department of Elementary and Secondary Education  
Office of Special Education – Compliance, IEP Facilitation  
P.O. Box 480, Jefferson City, MO 65102

**FAX form to** 573-526-4404 (Attention: Compliance Section, IEP Facilitation)

**QUESTIONS?** Contact DESE’s Office of Special Education at 573-751-0602.

**IEP INFORMATION**

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 development and implementation of an IEP or the parent’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 the facilitation will occur only if all required team members are present. We agree not to call the facilitator to testify in any subsequent proceedings.

IEP FACILITATION IS BEING INITIATED BY (check one) <input type="checkbox"/> parent/student <input type="checkbox"/> school district	OUR LAST IEP TEAM MEETING WAS HELD ON (DATE)	NEXT IEP TEAM MEETING IS SET FOR (DATE/TIME)
--	--	--

TOPICS OF DISCUSSION IMPORTANT TO US INCLUDE THE FOLLOWING AREAS OF THE IEP:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> identification             | <input type="checkbox"/> placement                    | <input type="checkbox"/> progress reporting    |
| <input type="checkbox"/> present level of education | <input type="checkbox"/> accommodations/modifications | <input type="checkbox"/> transition            |
| <input type="checkbox"/> performance                | <input type="checkbox"/> related services             | <input type="checkbox"/> discipline/behavior   |
| <input type="checkbox"/> goals and objectives       | <input type="checkbox"/> assistive technology         | <input type="checkbox"/> implementation of IEP |
| <input type="checkbox"/> services                   |   |  |

**SCHOOL DISTRICT (COMPLETE THIS SECTION)**

SCHOOL DISTRICT NAME		COUNTY-DISTRICT CODE	DATE
SCHOOL ADMINISTRATOR NAME	SCHOOL ADMINISTRATOR TITLE		SCHOOL ADMINISTRATOR SIGNATURE
STREET		CITY	STATE    ZIP CODE
PHONE	FAX	SCHOOL ADMINISTRATOR EMAIL	

**PARENT/GUARDIAN (COMPLETE THIS SECTION)**

STUDENT NAME		DATE OF BIRTH (OPTIONAL)	DISABILITY	GRADE
PARENT/GUARDIAN NAME		PARENT/GUARDIAN EMAIL		PARENT/GUARDIAN SIGNATURE
STREET		CITY	STATE	ZIP CODE
PHONE (HOME)	PHONE (WORK)	PHONE (CELL)	FAX	

**AUTHORIZATION TO RELEASE EDUCATIONAL DATA**

By agreeing to participate in a facilitated IEP meeting, I am authorizing the \_\_\_\_\_ School District and its employees, agents, and contractors to share information with DESE’s employees, agents, and contractors about my child’s identity, needs, and issues surrounding educational programming.

PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).