

**New York State Education Department  
Individualized Education Program (IEP) Facilitation Pilot Program**

**New York State IEP Facilitator Invoice**  
(Agreement to Facilitate and Voucher Form must be attached in order for claim to be paid.)

IEP Facilitator: \_\_\_\_\_

School District: \_\_\_\_\_

Student: \_\_\_\_\_

**IEP FACILITATION**

IEP FACILITATION SESSION(S)

Date(s):

Time(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I certify that these are correct dates and number of sessions.**

Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

**New York State Education Department  
P-12: Office of Special Education  
89 Washington Avenue, Room 309  
Due Process Unit  
Albany, NY 12234  
(518) 473-0170 (Phone)  
(518) 402-3583 (Fax)**