

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

<b>IEP FACILITATION REQUEST</b>
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Retain a copy for your records. Submit signed form to:

**NAME OF SCHOOL DISTRICT:**  
**Address:**  
**Email:**  
**Phone:**

<b>Instructions</b>
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1. Either the parent or school district may ask for IEP Facilitation by completing this form and sending or faxing the completed form to the school district contact listed above.
2. Both the parent and school district may complete one form together. The New York State Education Department appoints an IEP Facilitator on a rotational basis from a randomly ordered list of trained IEP Facilitators.
3. Both the parent and school district must agree to the IEP Facilitation in order for the process to take place.

<b>We Understand and Agree to the Following:</b>
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1. A neutral certified IEP Facilitator will be selected.
2. This request allows the school district to share confidential (personal) information about the student with the IEP Facilitator as needed.
3. Neither the parent nor the district give up their legal right to seek other due process options (e.g., mediation, impartial hearing) if either party is not satisfied with the facilitation process.
4. The IEP Facilitator is not a member of the committee on special education or committee on preschool special education and does not make IEP decisions.
5. The IEP 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	
Signatures		
We understand that IEP Facilitation is a voluntary (do not have to use it) dispute resolution option. We understand and agree with the items noted above.		
Signature of School District Administrator		Date Signed
Signature of Parent/Guardian		Date Signed

Please **fax** completed form to the New York State Education Department:  
**(518) 402-3583**  
**Attention: Due Process Unit**