



### Request for Facilitated IEP Services

Complete and submit one (1) signed copy. Retain a copy for your records. Submit signed form to:

**FIEP Services**  
**Indiana IEP Resource Center**  
**7916 Zionsville Road**  
**Indianapolis, IN 46268**

or **Fax to (317) 672-2839**

- Either the parent or school district may initiate the facilitated IEP process by completing this form and sending the completed form by mail or fax; however, both parties must agree to the IEP facilitation in order for the process to take place. If the request meets the criteria, both parties will be contacted.
- The Indiana IEP Resource Center will contact the requestor and determine whether the request can be met. If so, a facilitator will be assigned for the case conference from a list of trained professionals.
- Submit this request at least two weeks prior to the anticipated date of the case conference.

<b>Who initiated this request?</b>			
<input type="checkbox"/> Parent		<input type="checkbox"/> School	
<b>District Information</b>		<b>Student Information</b>	
School District:		Student Name:	
School Administrator:		Parent(s) Name(s):	
<input type="checkbox"/> Building <input type="checkbox"/> District		Parent Phone #:	
Administrator Phone #:		Parent E-Mail:	
Administrator E-Mail:			
<b>Meeting Information (if available)</b>			
Meeting Location Address:		Type of Meeting: (Select All Appropriate)	<input type="checkbox"/> Initial <input type="checkbox"/> Reevaluation <input type="checkbox"/> Annual Case Review <input type="checkbox"/> Other
Date (or projected date):		Teacher of Record:	
Time (or projected time):		Name: Email: Phone:	

**SIGNATURES** We understand that using Facilitated IEP Services is a voluntary process. By signing, we agree to the following five statements.

1. We are requesting that the Indiana IEP Resource Center provide a trained facilitator for the student's upcoming case conference.
2. We understand that if this request is accepted, there will be no cost to the parent or the school district.
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.
5. We understand that we will be asked to provide feedback to the facilitator.

Additional agreement statement for parent: I authorize staff from the Indiana IEP Resource Center to obtain information about my child from the above named school. This will include talking to school personnel and attending the case conference. This may also include a review of student records as needed. This information will be kept confidential. This authorization is in effect through the date of the case conference committee meeting(s) and does not extend beyond this time.

	<b>Signature</b>	<b>Date</b>
<b>Parent:</b>		
<b>School Administrator:</b>		

For more information visit [www.indianaieprc.org](http://www.indianaieprc.org) and look for the FIEP tab or call (317) 757-8297.

For Indiana IEPRC Use Only:

Date Signed Form Received:	School Contact: Parent Contact:	Request <input type="checkbox"/> accepted <input type="checkbox"/> rejected	School Notified on: Parent Notified on:	Assigned To:	Code:
----------------------------	------------------------------------	---	--	--------------	-------