

## Request for Special Education IEP Facilitation

You may choose to not use this form to request assistance with facilitating an Individualized Education Plan (IEP). However, this form is designed to assist the Louisiana Department of Education in arranging the facilitated IEP team meeting.

<b>1. Student Information</b>		
Name: _____	Date of Birth: ____/____/____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone number: _____	Alternate phone number: _____	
Name of campus student attends/attended: _____		

<b>2. Requestor Information</b>		
<i>The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.</i>		
Requestor Name: _____	Relationship to student: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone number: _____	Alternate phone number: _____	
Fax number: _____	Email address: _____	

<b>3. Signature(s)</b>	
Signature of Requestor: _____	Date: ____/____/____

Mail, fax, or email your complaint to:

<p><b>Louisiana Department of Education</b> Attn: Legal Division 1201 North 3rd Street Baton Rouge, LA 70802 Fax: (225) 342-1197 <b>Email: <a href="mailto:DisputeResolution.DOE@la.gov">DisputeResolution.DOE@la.gov</a></b></p> <p><i>The Department will contact the other party to determine if they are willing to participate in a facilitated IEP team meeting. If the other party agrees to participate, you will be contacted to arrange the meeting. However, if the other party refuses to participate, the Department will notify you and inform you that the other party has refused to participate.</i></p>
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