

IDEA Request for IEP Facilitation

Information about filing a request for a facilitated IEP meeting and the Individuals with Disabilities Education Act (IDEA) Special Education Part B Procedural Safeguards Notice are available on the OPI Special Education Dispute Resolution Website: https://opi.mt.gov/Educators/School-Climate-Student-Wellness/Special-Education/IEP-Facilitation.

Student information						
Name of Student:		Grade:	Date of Birth:			
Address:						
City/State/Zip:						
Disability or SPED eligibility category	ory:	Date of o	current IEP:			
Parent/Guardian Information						
Name of Parent/Guardian:						
Address (if different from student):						
City/State/Zip:						
Phone: E-mail address:						
Relationship to Student:						
Parent/Guardian Information						
Name of Parent/Guardian:						
Address (if different from student):						
City/State/Zip:						
Phone:	E-r	nail address:				
Relationship to Student:						
School Information						
Name of School District:						
Name of Representative:						
Address:						
City/State/Zip:						
Phone:						
IEP Meeting						
Type of IEP Meeting ☐ Initial	☐ Annual IEP	☐ Re-Evalua	ation Other			
Date of last IEP Meeting:						
Is there a date scheduled for the n	ext IEP meeting?	☐ Yes	□ NO			

If yes, when?	_			
Has a notice been sent? ☐ Yes ☐ NO Please describe why a facilitator is needed for this	_	ı and w	hat issues need to be addressed.	
Consent to Disclose Personally identifiable info By signing below and agreeing to participate in a factorise to the School District (and its employees share the Student's IEP and other relevant inform personally identifiable information with the facilitate	facilitated and ager ation, inc	TIEP m nts) and	I/or OPI (and its employees and agents) to	
The Role of the Facilitator The facilitator's role is to assist the parties in work and resolve issues pertaining to the IEP. We under either party legal or financial advice. The use of the rights of either party to file a due process hear call the facilitator to testify. Requesting facilitation Both parties must agree to the IEP Team meeting. By signing and submitting this form, we are requesting the facilitation and submitting this form, we are requesting the facilitation.	erstand the facilitations. If fuat least the facilitation is a second to the second to the second to the second to the second	ne facili tor is vo rther le wo wee on.	tator is not a decision maker and will not give pluntary and cannot be used to delay or deny gal proceedings do occur, we agree not to eks prior to an IEP meeting is recommended.	
Parent Signature		Date		
Parent Signature		Date		
School Representative Signature		Date		
Return signed form to:				
Electronically: Submit through the State of Montana File Transfer Service (https://transfer.mt.gov) to both angie.griner@mt.gov and mgibbs@mt.gov. *This form will NOT be accepted via email.	<u>OR</u>		Mail: Dispute Resolution Office Office of Public Instruction P.O. Box 202501 Helena, MT 59620-2501	
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The OPI makes reasonable accommodations for persons with disabilities. If you need an alternative accessible format of notices or final report or have questions about accessibility, please contact the Dispute Resolution Office at (406) 444-2046.