



**INDIVIDUALS WITH DISABILITIES  
 EDUCATION ACT (IDEA)  
 Request for IEP Facilitation**

Information about filing a request for a facilitated IEP meeting and the 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: \_\_\_\_\_ Date of 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-mail address: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_

**School Information**

Name of School District: \_\_\_\_\_  
 Name of Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**IEP Meeting**

Type of IEP Meeting  Initial  Annual IEP  Re-Evaluation  Other \_\_\_\_\_  
 Date of last IEP Meeting: \_\_\_\_\_  
 Is there a date scheduled for the next IEP meeting?  Yes  NO  
 If yes, when? \_\_\_\_\_  
 Has a notice been sent?  Yes  NO



Montana  
**Office of Public Instruction**  
 Elsie Arntzen, State Superintendent  
 opi.mt.gov

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Please describe why a facilitator is needed for this meeting and what issues need to be addressed.

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**Consent to Disclose Personally identifiable information**

By signing below and agreeing to participate in a facilitated IEP meeting, the Parent(s) or Guardian(s) gives consent to the School District (and its employees and agents) and/or OPI (and its employees and agents) to share the Student’s IEP and other relevant information, including educational records which may contain personally identifiable information with the facilitator.

**The Role of the Facilitator**

The facilitator’s role is to assist the parties in working through the IEP process and helping the parties discuss and resolve issues pertaining to the IEP. We understand the facilitator is not a decision maker and will not give either party legal or financial advice. The use of the facilitator is voluntary and cannot be used to delay or deny the rights of either party to file a due process hearing. If further legal proceedings do occur, we agree not to call the facilitator to testify. Requesting facilitation at least two weeks prior to an IEP meeting is recommended. Both parties must agree to the IEP Team meeting facilitation.

By signing and submitting this form, we are requesting the OPI to appoint an IEP facilitator.

\_\_\_\_\_  
**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](mailto:angie.griner@mt.gov) **and** [mgibbs@mt.gov](mailto:mgibbs@mt.gov).  
**\*This form will NOT be accepted via email.**

**OR**

**Mail:**  
 Dispute Resolution Office  
 Office of Public Instruction  
 P.O. Box 202501  
 Helena, MT 59620-2501



*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.*