| **Oregon Department of Education logo** | | **Oregon Department of Education**  **Facilitated IEP Request Form** | | | | | | | | | | **State of Oregon logo** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person or entity requesting the facilitated IEP:** | | | | | | |  | | | | | |
|  | Parent(s) |  | District |  | Adult Student | | |  | Other (describe): |  | | |
| **Last IEP Meeting Date (mm/dd/yyyy):** | | | | | |  | | | **Last evaluation conducted (mm/dd/yyyy):** | |  | |
| **Type of IEP**: | |  | Initial |  | Annual | | |  | Other (describe): |  | | |

**I/We have concerns about the following areas:**

|  | Identification, Evaluation, or Reevaluation | |  | ESY Services |
| --- | --- | --- | --- | --- |
|  | Present Levels of Academic and Functional Performance | |  | Placement |
|  | Measurable Annual Goals and/or Short-Term Objectives/Benchmarks | |  | Related Services |
|  | Independent Educational Evaluation | |  | Assistive Technology |
|  | Individualized COVID-19 Recovery Services | |  | Progress Reporting |
|  | Supplementary Aids or Services, including Accommodations/Modifications | |  | Discipline/Behavior |
|  | Implementation of IEP | |  | Secondary Transition |
|  | Other (describe): |  | | |

| Student Name: | |  | | | | | | | | | | | | Date of Birth: | | | |  | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent(s)/Guardian(s) Name(s): | | | | |  | | | | | | | | | | | | | | | | |
| Address Line 1: | |  | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | |  | | | | | | | | | City: | |  | | | | | | | ZIP Code: |  |
| Preferred Phone Numbers: | | |  | Home: | |  | | | | | | | | |  | Cell: |  | | | | |
| Preferred Email Address: | | |  | | | | | | | | | | | | | | | | | | |
| Preferred Home Language: | | |  | | | | | | | | | | | | | | | | | | |
| District: |  | | | | | | School: |  | | | | | | | | | | | Grade Level: | |  |
| Is this child receiving special education services? | | | | | | | | |  | Yes |  | No | | | | | | | | | |

**Do you prefer a virtual meeting, in-person meeting, or do you have no preference?**

|  | Virtual |  | In-Person  No Preference |
| --- | --- | --- | --- |

With whom have you discussed this concern before now?

|  | General Education Teacher |  | Special Education Teacher |  | Administrator |  | Special Education Director |
| --- | --- | --- | --- | --- | --- | --- | --- |

| Who is the case manager/special education teacher assigned to your student? |  |
| --- | --- |

**Authorization to Release Educational Data**

By agreeing to participate in a facilitated IEP meeting, I am authorizing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and its employees, agents, and contractors to share information with the Oregon Department of Education and the assigned facilitator about my child’s identity, needs, and issues surrounding disagreements about educational programming. I understand that this information will be kept confidential.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A facilitated IEP meeting will not be held until ODE receives this signed authorization.***

**Accommodations for Participants**

| Does the parent or student need accommodations in order to participate in this process? | |  | Yes |  | No |
| --- | --- | --- | --- | --- | --- |
| If “Yes”, please describe: |  | | | | |

**To Request a Facilitated IEP Meeting**

Instructions

1. Four weeks prior to the IEP date, complete the form with all required information. This form must be completed by the district and the parent. Parent must sign the authorization to release educational data.
2. Parents can submit the form independently or the district may submit the form on behalf of the parent.
3. Submit the form via email directly to the Oregon Department of Education Legal Team at [ode.disputeresolution@ode.state.or.us](mailto:ode.disputeresolution@ode.state.or.us), and the form will be reviewed for completeness. If the form is complete, a facilitator will be assigned and both parties will be notified. The facilitator will contact the parties to schedule the facilitated IEP meeting.

For additional information, contact:

**Mike Franklin, Legal Specialist**

[mike.franklin@ode.state.or.us](mailto:molly.hammans@state.or.us)

503-580-3083

**Please visit the ODE Dispute Resolution website at:**

<https://www.oregon.gov/ode/rules-and-policies/Pages/Dispute-Resolution.aspx>

**FIEP Information for Requesting Party**

The Oregon Department of Education provides a facilitator, at no cost to the participants, to assist schools and parents in reaching consensus on the development of an IEP.

* The goal of the facilitated IEP process is to develop a comprehensive IEP that allows the provision of a Free Appropriate Public Education.
* The facilitation will only take place if the required team members are present.
* Using a facilitator is voluntary and cannot be used to delay or deny the rights of the parent or student to a due process hearing.
* The facilitator will NOT be called to testify in any subsequent hearings.

It is the policy of the State Board of Education and a priority of the Oregon Department of Education that there will be no discrimination or harassment on the grounds of race, color, religion, sex, marital status, sexual orientation, national origin, age or disability in any educational programs, activities, or employment.  Persons having questions about equal opportunity and nondiscrimination should contact the Deputy Superintendent of Public Instruction at the Oregon Department of Education, 255 Capitol Street NE, Salem, Oregon 97310; phone 503-947-5740; or fax 503-378-4772.