

Type of individualized education program (IEP) Team Meeting: Initial \_\_\_ Annual \_\_\_ Other: \_\_\_\_\_

Has the district proposed an IEP? Yes \_\_\_ No \_\_\_ *(If yes, you may want to consider mediation.)*

Date of annual review deadline \_\_\_\_\_ Our last IEP team meeting was on \_\_\_\_\_

## District Information

School District Name \_\_\_\_\_ ISD No. \_\_\_\_\_

Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Student Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Disability \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Is there a parent at another address with parental rights? Yes \_\_\_ No \_\_\_

## Facilitated Team Meeting Conditions

- The Minnesota Department of Education (MDE) will provide a facilitator, at no cost to the participants, to assist schools and parents in writing an education program.
- Participating in a facilitated team meeting is voluntary and cannot be used to delay or deny the parent's right to a due process hearing.
- The goal is to write an education program that focuses on the needs of the student and provides a free appropriate public education (FAPE).
- The facilitation will occur only if the required team members are present or excused appropriately.
- Participants may not call the facilitator to testify in any subsequent proceedings.
- Participants agree to engage in the facilitated team meeting process in good faith within a prompt and reasonable timeframe after the submission of this request.

**To be Filled out by Parent(s)**

Today's Date \_\_\_\_\_

Is communication between the parent and educators difficult? Yes \_\_\_\_ No \_\_\_\_

*If yes, please briefly explain.*

---

We have concerns about the following areas of the IEP (check all that apply).

- |                                                                   |                                                                            |
|-------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> identification, evaluation, reevaluation | <input type="checkbox"/> accommodations/modifications                      |
| <input type="checkbox"/> present levels of education performance  | <input type="checkbox"/> placement                                         |
| <input type="checkbox"/> goals and objectives                     | <input type="checkbox"/> discipline/behavior                               |
| <input type="checkbox"/> services                                 | <input type="checkbox"/> transition                                        |
| <input type="checkbox"/> related services                         | <input type="checkbox"/> implementation of services in conformity with IEP |
| <input type="checkbox"/> assistive technology                     | <input type="checkbox"/> progress reporting                                |

**Advocate/Attorney Information**

Have you been working with an advocate or attorney regarding this request? Yes \_\_\_\_ No \_\_\_\_

*If yes, the advocate/attorney listed below will be included in communications scheduling the facilitated IEP team meeting.*

Advocate/Attorney Name \_\_\_\_\_ Agency \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

I permit MDE to communicate with the advocate/attorney about the issues raised in this request.

**Parent Authorization (required to begin facilitation services)**

*I, \_\_\_\_\_ (parent name) understand the conditions of the facilitated team meeting and have the authority to make this request. I voluntarily agree to participate in the meeting.*

**To be Filled Out by District**

Today's Date \_\_\_\_\_

Is communication between the parent and educators difficult? Yes \_\_\_\_ No \_\_\_\_

*If yes, please briefly explain.*

---

I have concerns about the following areas of the IEP (check all that apply).

- |                                                                   |                                                                            |
|-------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> identification, evaluation, reevaluation | <input type="checkbox"/> accommodations/modifications                      |
| <input type="checkbox"/> present levels of education performance  | <input type="checkbox"/> placement                                         |
| <input type="checkbox"/> goals and objectives                     | <input type="checkbox"/> discipline/behavior                               |
| <input type="checkbox"/> services                                 | <input type="checkbox"/> transition                                        |
| <input type="checkbox"/> related services                         | <input type="checkbox"/> implementation of services in conformity with IEP |
| <input type="checkbox"/> assistive technology                     | <input type="checkbox"/> progress reporting                                |

**District Authorization (required to begin facilitation services)**

*I, \_\_\_\_\_ (district representative) understand the conditions of facilitation and have the authority to make this request. I voluntarily agree that the district will participate in facilitated meeting.*

I agree to submit the Notice of Team Meeting to MDE as soon as the district has scheduled the IEP team meeting.

**District Contact Information for the Purposes of this Request**

Special Education Director or Coordinator \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Form Instructions – Request for Facilitated Team Meeting

1. Complete the information on the form that pertains to you.
  - a. Save the completed form on your computer and e-mail it as an attachment to the other party (parent or district) to complete and email to MDE; or
  - b. Save the completed form to your computer and attach it to an email to send directly to MDE at [mde.adrservices@state.mn.us](mailto:mde.adrservices@state.mn.us). The Alternative Dispute Resolution (ADR) Coordinator will then contact the other party to see if they are willing to participate in a facilitated team meeting.
  - c. Attach additional pages if necessary.
2. Upon receipt of the completed form, the district will schedule an IEP team meeting and forward the Notice of Team Meeting to MDE. The notice will include the date, time, place and address of the meeting, and participants. Upon receipt of this information, the ADR coordinator will need seven days to assign a facilitator and send confirmation materials.
3. For additional information, contact Pamela Hinze, ADR Coordinator, at 651-582-8518; [pamela.hinze@state.mn.us](mailto:pamela.hinze@state.mn.us); Fax: 651-582-8498. For TTY communication, contact the Minnesota Relay Service: 1 800-627-3529.

### **Alternative Dispute Resolution Coordinator**

Minnesota Department of Education  
1500 Highway 36 West  
Roseville, Minnesota 55113  
[mde.adrservices@state.mn.us](mailto:mde.adrservices@state.mn.us)

### ***Vision of Success***

- *The ADR professionals lead a culturally sensitive, fair and just process. They encourage parents and educators to...*
  - *Focus on students.*
  - *Work toward solutions.*
  - *Be partners.*
  - *Communicate.*
  - *Trust and respect each other.*
  - *Create an IEP that works for the student.*
  - *Recognize, respect, and honor differences.*
  - *Keep the discussion going after the ADR process ends.*
- *Parents and educators feel at peace and are satisfied with their ADR process.*
- *If students attend, they are comfortable talking about what they need.*