



Public Schools of North Carolina
State Board of Education
Department of Public Instruction

Exceptional Children Division

Request for Facilitated IEP Team Meeting

Requests must be submitted at least (10) business days before a scheduled IEP Team meeting.

** Each section of this form must be completed. An incomplete form may result in a delay or denial of request.*

**The assignment of a facilitator is based on both parties agreeing to engage in the FIEP process.*

Request made by: Parent LEA Other

Contact Information for Parent/Guardian		Student Information	
Name:		Student Name:	
Address:		Area of Exceptionality:	
City/Zip:		Age & Grade:	
County:		Name of Charter School or School:	
Telephone:		Principal:	
Email:		Birthdate:	

Contact Information for LEA	
Contact Person:	
Phone:	
Address:	
City/Zip:	
Email:	

Purpose of Request

- Initial Referral, Evaluation, Eligibility
- Annual Review
- IEP (review and revise, as appropriate)
- Manifestation Determination Review
- Re-evaluation Process
- Other (*explain*): _____

**It is an expectation that one or more resolution options have been attempted, please indicate below (with date):*

Date:	Early attempts at resolution:	Results of resolution attempts (required):
	<input type="radio"/> Parent-Teacher Conference	
	<input type="radio"/> Parent-School Admin. Conference	
	<input type="radio"/> IEP Team Meeting	
	<input type="radio"/> Parent- EC Director Conference	

If an IEP meeting has already been scheduled, what is the agreeable date between the parent and LEA: _____

*****Please consider and sign the FERPA form regarding information sharing*****

Name of Person Submitting this Request:

Name: _____
(please print)

Signed: _____

Date: _____

SEND SIGNED FORM VIA E-MAIL OR FAX TO:

Facilitation Coordinator
NC DPI Exceptional Children Division
6356 Mail Service Center ~ Raleigh, NC 27699-6356
Fax: (919) 807-3755
E-mail: **Facilitation@dpi.nc.gov**