

NEVADA DEPARTMENT OF EDUCATION  
**REQUEST FOR IEP FACILITATION FORM**

**DATE REQUEST RECEIVED BY NDE:** \_\_\_\_\_  **Approved by IEP Facilitation Coordinator**  
**IEP Facilitation #** \_\_\_\_\_

***Instructions:***

1. *This model form may be used by parents and a Local Educational Agency (LEA, e.g. district, State Public Charter School Authority) representative to request IEP Facilitation. (You may also submit a written request for IEP Facilitation in another manner.) An IEP Facilitator will only be appointed if both the parents and the LEA request IEP Facilitation. Facilitation should be requested at least two weeks prior to an IEP meeting.*
2. *The NDE will accept joint requests from parents or their representatives and LEAs or their representatives for the appointment of a named IEP Facilitator on the NDE list of qualified IEP Facilitators, when included in the joint request for Facilitation. The NDE will appoint that named IEP Facilitator, if available.*
3. *Fill out the information that pertains to you and sign the form. If the parents and the LEA fill out this form at the same time, it is the responsibility of the LEA to forward the form to the Nevada Department of Education. If this form is not filled out together, send it to the other party to be signed for a joint request or submit it directly to the IEP Facilitation Coordinator at the Nevada Department of Education, Office of Inclusive Education. (If the request is not a joint request, the agreement of the other party to IEP Facilitation will be verified before the appointment of a Facilitator.)*
4. *The IEP Facilitation Coordinator will review this form and confirm the request is complete; the matter in dispute is regarding IEP meetings under the IDEA, Part B; and is requested by both parties. If so, the IEP Facilitation Coordinator will assign an IEP Facilitator.*
5. *The IEP Facilitator will contact you regarding the IEP Facilitation session and to confirm the details of the upcoming IEP meeting. (While the appointed IEP Facilitator is responsible for managing the IEP Facilitation process, the LEA representative remains responsible for scheduling, arranging, and conducting the IEP meeting.)*
6. *For questions or additional information, contact the IEP Facilitation Coordinator at the contact information below.*

**NAME OF CHILD:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

**LEA of Attendance:** \_\_\_\_\_

**NAME(S) OF PARENT(S):** \_\_\_\_\_

Address of Parent(s) (or contact information if homeless): \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

E-Mail Address (if available): \_\_\_\_\_

**NAME OF LEA REPRESENTATIVE:** \_\_\_\_\_

Contact Phone No. & Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

If known at the time of the request: last IEP Team meeting held (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Last evaluation conducted \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of IEP:  Initial  Annual  Other: \_\_\_\_\_

If known at the time of the request, a Facilitator is requested to assist us in addressing the following areas at the IEP meeting:

Identification/Reevaluation  Placement  Present level of educational performance  Accommodations/modifications  Transition  Goals and/or objectives  Specially Designed Instruction  Related Services  Discipline/behavior  Extended School Year Services  Assistive technology  Implementation of IEP  Progress Reporting   
Other: \_\_\_\_\_

If the IEP meeting has already been scheduled, provide the IEP Meeting Notice, otherwise provide any time constraints for the conduct of the IEP meeting: \_\_\_\_\_  
\_\_\_\_\_

We request the IEP Facilitation take place: \_\_\_\_\_ In-person or \_\_\_\_\_ Virtual (Zoom or another platform). (Joint agreement is required for a virtual IEP facilitation.)

We understand and agree to the following:

- The facilitated IEP meeting process is voluntary and cannot be used to delay or deny due process rights.
- The goal is to write an IEP that focuses on the student's needs.
- The required IEP Team members must be present for the meeting to take place.
- The IEP Facilitator is not a member of the IEP Team.
- Signing this request gives the IEP Facilitator access to the student's education records as needed to carry out his/her responsibilities.
- Neither party can call the Facilitator to testify in any subsequent proceedings.

*Submitted by:*

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LEA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**COMPLETED FORM TO BE FAXED/MAILED or EMAILED TO:**

**IEP Facilitation Coordinator  
Nevada Department of Education  
Office of Inclusive Education  
700 East Fifth Street, Suite 106, Carson City, NV 89701 Phone: (775) 687-9142  
Fax: (775) 687-1118 email: [disputeresolution@doe.nv.gov](mailto:disputeresolution@doe.nv.gov)**