

AGREEMENT TO USE WSEMS FACILITATED IEP PROCESS

1. We agree to participate in a facilitated IEP process involving .
2. We understand that _____ will serve as the facilitator for this process.
3. We understand that the facilitator is not a member of the IEP team or employed by the school. We also understand that the facilitator cannot provide legal advice to or advocacy for any participant.
4. We understand that the facilitator will keep information discussed or presented confidential as required by Wis. Stat. 904.085.
5. We understand that the Wisconsin Special Education Mediation System (WSEMS) will pay the fees of the facilitator.
6. We understand that signing of this request gives the facilitator access to student records during the facilitation process.
7. This agreement may be signed in separate identical copies. When all copies are brought together, it shall be considered the same as if the parties had all signed the same copy.

Date: _____

School Representatives:

Parents/Guardian:

