



**Wisconsin Special
Education Mediation
System (WSEMS)**

**Request for a
Facilitated IEP
Meeting**

Complete and submit one (1) signed copy. Retain a copy for your records. Submit signed form to:

**WISCONSIN SPECIAL EDUCATION MEDIATION SYSTEM
Burns Mediation Services
PO BOX 107
Hartland, WI 53029-0107**

E-mail: jane@wsems.us

1 - 888 - 298 - 3857
1 - 262 - 538 - 1618 TTY

FAX: 1- 262- 538-1348

Instructions

1. Either the parent or school district may initiate the facilitated IEP process by completing this form and sending or faxing the completed form to the contact information provided above.
2. Both the parents and school district may jointly complete one form. This form should be sent or faxed to the contact information provided above. WSEMS, with input from the parties, will appoint a facilitator for the IEP meeting from a list of trained professionals.
3. Parties should try and contact WSEMS at least two weeks prior to the IEP meeting. Both parties must agree to the IEP facilitation in order for the process to take place. WSEMS will keep the parties notified about the progress of the request.

We understand and agree to the following:

1. We are requesting that the WSEMS work with the parties to choose a neutral facilitator from its roster.
2. We understand that the WSEMS pays the fees of the facilitator.
3. We understand that the signing of this request gives the facilitator access to student records during the facilitation process.
4. We understand that the facilitator is not a member of the IEP team.
5. We understand that the facilitator cannot provide legal advice to any participant.

GENERAL INFORMATION

Name of School District Administrator			Name of Student			Date of Birth
Name of School District			Name of Parent/Guardian			
Address			Address			
City	State	Zip	City	State	Zip	
Telephone Area/No.			Telephone Area/No. (Daytime Telephone)			

SIGNATURES

We understand that Facilitated IEP is a voluntary dispute resolution option. We understand and agree with the five (5) items noted above.

Signature of School District Administrator		Date Signed	Signature of Parent/Guardian		Date Signed
➤			➤		