



Facilitated Individualized Education Program (FIEP) Team Meeting Request Form

A parent/adult student or a school district may request a Facilitated IEP (FIEP) Team meeting. The WVDE provides this form, though its use is not required. The request must include an original signature (i.e., faxes and emails will not be accepted.) The district and the parent/adult student must agree to use the FIEP process. The request must be received by the WVDE at least two weeks prior to the scheduled IEP Team meeting. **A FIEP Team meeting will not be scheduled until the WVDE receives signed authorization.**

Requesting a FIEP Team Meeting

Instructions:

1. Either the parent/adult student or the district may submit a request for a FIEP Team meeting. This 2-page Request Form must be completed, signed and submitted by the district representative or the parent/adult student at least two weeks prior to the IEP Team meeting date.
2. The parent/adult student must sign the authorization to release the student's educational records.
3. The form must be submitted with an original signature(s) directly to the WVDE, Office of Special Education (OSE) for review.
4. Upon review, the OSE will assign a facilitator. The facilitator will contact the parent/adult student and the school district to confirm agreement and schedule the FIEP Team meeting.

FIEP Information for Requesting Party

The WVDE will provide a facilitator at no cost to the participants to assist school districts and parents in reaching a consensus on the development of an IEP.

- The goal of the Facilitated IEP process is to develop a comprehensive IEP that allows the provision of a Free and Appropriate Public Education (FAPE).
- The facilitation will only take place if the required IEP Team members are present.
- IEP facilitation is voluntary and cannot be used to delay or deny the rights of the parent or student to a due process hearing.
- The facilitator will not be called to testify in any subsequent hearings.

Date _____

Person requesting FIEP: _____ County _____
____ Parent ____ Student ____ District Representative

Address: _____

Phone: _____ (H) _____ (C)

Student's Name _____
Last First Middle

Date of Birth _____ Exceptionality _____

School _____ Grade _____

Parent/Guardian Name _____

Parent's Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Type of IEP Team Meeting: Initial Annual Other

Concerns exist in the following areas:

- Identification/Reevaluation Independent Educational Evaluation Placement
 Goals and/or Objectives Discipline/Behavior Related Services
 Present Levels of Educational Performance Transition
 Accommodations/Modifications Extended School Year (ESY) Services
 Implementation of IEP Progress Reporting Assistive Technology

Is the student receiving special education services? Yes No

Does parent or student need accommodations to participate in this process? Yes No

If yes, please specify _____

Signature: _____

Check One: Parent Student District Representative

Has a copy of this FIEP Request Form been provided to the district? Yes No

Please mail this 2-page FIEP Request Form and any relevant documentation to:

**West Virginia Department of Education
Office of Special Education
Building 6, Room 717
1900 Kanawha Blvd., East
Charleston, WV 25305**

For additional information contact:
**Kathy Hudnall, Coordinator
West Virginia Department of Education
1900 Kanawha Blvd., East
Building 6, Room 717
Charleston, WV 25305-0330
khudnal@k12.wv.us
304.558.2696 P
304.558.3741 F**