

* indicates required information

New Mexico Public Education Department, Special Education Division

Facilitated IEP Meeting Request Form



Instructions: Facilitated IEP Meetings are voluntary and require the agreement of both the parent and the district, charter school, or public agency to participate. Although the public agency may offer facilitation prior to the filing of a complaint, facilitation may only be requested from the NMPED after a state complaint or due process hearing request is filed. In these cases, facilitation is provided at no cost to either party. Requests may be submitted via U.S. Mail or E-Mail. This completed form should be submitted to:

Via Regular Mail:

Dispute Resolution Coordinator
Special Education Division
New Mexico Public Education Department
300 Don Gaspar
Santa Fe, NM 87501

Via E-Mail:

Dispute.Resolution@ped.nm.gov

**If you have any questions, please contact the
Dispute Resolution Coordinator at 505-309-1214**

Please select one of the following:*

- I am the parent/guardian/surrogate parent of the student I am the adult student I am the parent or adult student's attorney/advocate
 I am the public agency representative or attorney (includes school districts, charter schools, state-supported schools, and the NMPED)

SECTION I - Student Information*

STUDENT NAME*	STUDENT SCHOOL*	SCHOOL DISTRICT/CHARTER SCHOOL/PUBLIC AGENCY*
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SECTION II - Parent Information

PARENT/GUARDIAN/SURROGATE PARENT NAME*	DAY TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
NAME OF PARENT'S ATTORNEY/ADVOCATE (If applicable)	ATTORNEY/ADVOCATE TELEPHONE (Include Area Code)
ATTORNEY/ADVOCATE ADDRESS (Street, City, State, Zip Code)	ATTORNEY/ADVOCATE E-MAIL

SECTION III - Public Agency Information (Complete if you are the public agency representative or attorney.)

NAME OF DISTRICT/CHARTER SCHOOL/OTHER PUBLIC AGENCY	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
PRIMARY CONTACT NAME/TITLE	PRIMARY CONTACT TELEPHONE (Include Area Code)
PRIMARY CONTACT ADDRESS (If different from public agency)	PRIMARY CONTACT E-MAIL
NAME OF ATTORNEY (If applicable)	ATTORNEY TELEPHONE (Include Area Code)
ATTORNEY ADDRESS (Street, City, State, Zip Code)	ATTORNEY E-MAIL

SECTION IV - Language and Accessibility

Will the assistance of an interpreter or other accommodations be needed during the facilitation?

Yes No

If yes, please describe the needs. (Do not go beyond the space provided.) (Submit additional pages if necessary.)

SECTION V - Description of the Issues

Is this request associated with a state complaint or due process hearing request?*

State Complaint Due Process Hearing Case

Please provide the case number(s):*

We request that a facilitator be assigned to assist in resolving disagreements regarding (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Identification and eligibility for services | <input type="checkbox"/> Behavior/Disciplinary/Manifestation Determination |
| <input type="checkbox"/> Educational evaluation | <input type="checkbox"/> Change of placement |
| <input type="checkbox"/> IEP development or implementation | <input type="checkbox"/> Reimbursement for services |
| <input type="checkbox"/> Provision of a free appropriate public education | <input type="checkbox"/> Other <div style="border: 1px solid black; width: 300px; height: 20px; display: inline-block; vertical-align: middle;"></div> |

A brief description of the dispute and the resolution you are seeking (If possible, include any steps taken to resolve the issue prior to this request): (Do not go beyond space provided.) (Submit additional pages if necessary.)*

SECTION VI - Signature of Parent, Complainant, or Representative*

*Signature (Electronic or Digital Signatures are acceptable)**

*Date**

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