



## IEP Facilitation Request Form

**Initial Request from:**

School  
Parent

**Date, time and location of IEP Meeting:**

**Student**

Address:  
Date of Birth:  
Grade:

**IEP Chair, School**

Name:  
School:  
Address:  
E-mail:  
School Phone: 410-887-3660

**Parent # 1**

Address:  
E-Mail:  
Phone:[1]  
[2]

Cell Phone:  
**Team Leader if different from above**   
**or Other key school personnel**

**Parent # 2**

Address:  
E-Mail:  
Phone:[1]  
[2]

Name:  
Role:  
School:  
Address:  
E-mail:  
School Phone:  
Cell Phone:

**Parent Advocate, or Other involved party  
(There is an advocate involved in this case)**

Name:  
Role:  
Address:  
E-Mail:  
Phone:[1]  
[2]

**Other key school personnel**   
Name:  
School:  
Address:  
E-mail:  
School Phone:  
Cell Phone:

**NOTES:**

**Individual from Central office**   
Name:  
Role, Specialty:  
Address:  
E-mail:  
School Phone:                      Cell Phone: