## IEP Facilitation Request Form

### Initial Request from:
- School
- Parent

### Student
- Address: 
- Date of Birth: 
- Grade: 

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

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

### Parent Advocate, or Other involved party
(There is an advocate involved in this case)
- Name: 
- Role: 
- Address: 
- E-Mail: 
- Phone:[1] [2]

### IEP Chair, School
- Name: 
- School: 
- Address: 
- E-mail: 
- School Phone: 410-887-3660 
- Cell Phone: 

#### Team Leader if different from above  
- or Other key school personnel 

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

### Other key school personnel 

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

### Individual from Central office 

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

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**NOTES:**

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**Instructions:** Email this form to inquire@crcbaltimorecounty.org or Fax to 410-500-5185