



IEP/504 Facilitation Request Form

If you need help filling out this request for a Facilitated IEP/504 meeting, please call the Rhode Island Department of Education (RIDE) Call Center at 401-222-8999.

IEP/504 Facilitation is a voluntary service. To begin the process, the Facilitated IEP/504 team at Rhode Island Department of Education needs:

- A request form completed and submitted to RIDE's Facilitation Team, with as much detail as possible. (If you don't know an answer, leave it blank.)
- Agreement from the parent or adult student
- Agreement from the school district

We ask that all requests are submitted two or more weeks in advance of the meeting if you wish for a facilitator to attend. RIDE will take this time to discuss details of the situation with both the parent (or adult student) and school district in preparation for the meeting day. Requests made with less than two weeks' notice may not be able to be accommodated by RIDE.

Upon receiving the request form, a member of RIDE's Facilitated IEP/504 team will reach out to the party that did not make the request to ensure that all parties agree to holding the meeting with a RIDE facilitator present. A RIDE facilitator will ensure that the meeting allows for full participation of all attendees, keep all members on task, and work with all participants to ensure the meeting is productive and works toward a completed IEP or 504 for the student.

A Facilitated IEP/504 meeting should NOT be requested if there is a current formal dispute resolution process (State Complaint, Mediation, Due Process Hearing) on-going for the student for whom the meeting is about.

Everyone at the meeting will be asked to complete a survey at the conclusion of the Facilitated IEP/504 meeting.

INITIATING A REQUEST FOR IEP/504 FACILITATION

1. Name of Requestor:

2. Relationship to student (Choose one)

- Parent/Guardian*
- Director of Special Education/Designee*
- 504 Coordinator/Designee (i.e. Principal)*
- Special Education Teacher*
- School Administrator*
- Counselor*
- Adult student*
- Other: _____*

3. Email Address

4. Primary phone number

5. School student is currently attending/School District

6. Has your Special Education Director/504 Coordinator or their Designee (i.e. Principal) approved of this request for a Facilitated IEP/504 meeting?

- a. Yes
- b. No

7. Name of your Special Education Director/504 Coordinator or their Designee:

8. How did you find out about IEP/504 Facilitation? (Choose one)

- a. RI Department of Education Website
- b. Brochure
- c. School District/School Personnel suggested
- d. Parent
- e. Friend
- f. Other

PARENT/GUARDIAN INFORMATION

Please use the space below to provide information for the parent or guardian the student currently resides with. The facilitator will contact parties through email or by phone.

1. Parent/Guardian/Adult Student Name:

2. Email of Parent/Guardian/Adult Student:

3. Parent/Guardian/Adult Student Primary Phone Number:

LOCAL EDUCATION AGENCY (LEA) INFORMATION

1. School District/Charter School Name:

2. School District/Charter School Address:

3. School District Special Education/504 Coordinator Contact Name:

4. *Email of Special Education/504 Coordinator:*

5. *Phone number of Special Education Contact/504 Coordinator:*

6. *Special Education Teacher/504 Case Manager Name:*

7. *Email of Special Education Teacher/504 Case Manager:*

BACKGROUND INFORMATION

1. *Provide a brief description of the issue(s), and any previously attempted solutions:*

2. *Additional Information:*

3. *Have you participated in a Facilitated IEP/504 Team meeting for this student during this school year?*

- a. *Yes*
- b. *No*

4. *A meeting is currently (Choose one):*

- a. *Scheduled*
- b. *Not Scheduled*

5. *Date of scheduled meeting*

6. *Time and duration of the scheduled meeting (example-10 AM to 12N):*

7. *Location of scheduled meeting:*

8. *Type of meeting (Choose one):*

a. *IEP*

b. *504*

9. *Today's Date:*

PLEASE READ THROUGH THE INFORMATION BELOW

RIGHTS & RESPONSIBILITIES

The school district continues to be responsible for meeting their IDEA duties, including timelines. If the whole team agrees to the IEP/504 plan developed during the meeting, the school district will complete the IEP/504 plan and give a copy to the parent/guardian or adult student. The only record kept of the facilitated session includes the date, time and location of the session, the Facilitated/504 Meeting Agreement, surveys, and notation of the meeting outcome(s). The facilitator from RIDE will not keep the IEP/504 plan or other materials from the meeting.

Thank you for taking the time to complete this form.

You will receive an email confirming submission of this Request Form. Please complete the Agreement Form. Click [here](#) to electronically complete the Agreement Form.

Please click [HERE](#) for a PDF copy of the Agreement Form.