

**To request a Special Education Team Meeting Facilitator, please complete this form in its entirety and return to:**

Danielle Pelletier, Education Consultant

NH Bureau of Special Education,

101 Pleasant Street, Concord, NH 03301.

Fax: (603) 271-6693 Email: Danielle.Pelletier@doe.nh.gov

***The school district &/or the parent(s) may request a Facilitator, but both parties must agree to having one.***

|  |  |
| --- | --- |
| **Date of Request** |  |
| **Name of Requestor** |  |
| **Title of Requestor** |  |
| **Requestor’s phone #** |  |
| **District** |  |
| **SAU #** |  |
| **Director of Special Education Name & Contact Information** | **Name:** |
| **Email Address:** |
| **Phone Number:** |
| **Name of Student** |  |
| **Parent(s)** **Name(s) & Contact Information** | **Name(s):** |
| **Email Address:** |
| **Phone Number:**  |
| **Topic(s) for IEP Team Meeting**  |  |
| **Requested date of Meeting** **(day of week and start & end time)**  | **Day of Week:** |
| **Date:** |
| **Meeting Start Time:**  **End Time:**  |
| **Location of IEP Team Meeting****(building, room, and town)** | **Building:** |
| **Room:** |
| **Town:** |
| **Necessary meeting room elements:****[ ] Circular seating****[ ] Room for everyone at table****[ ] Windows****[ ] Good lighting****[ ] Good ventilation****[ ] Big clock visible to all**  | **Who’s Invited to IEP Team Meeting: Name, Title, member role,** **Employer if not LEA /SAU** |
|  **1.** |
|  **2.** |
|  **3.** |
|  **4.** |
|  **5.** |
|  **6.** |
|  **7.** |
|  **8.** |
|  **9.** |
| **10.** |
| **11.** |
| **12.** |
| **Driving Directions** |  |
| **Special instructions/comments** |  |