

To request an IEP Meeting Facilitator, please complete this form in its entirety and submit via e-mail to:

Janel LeBlanc, Education Consultant

[Janel.C.LeBlanc@doe.nh.gov](mailto:Janel.C.LeBlanc@doe.nh.gov)

*The school district may request a Facilitator, but the district AND parent(s) both must agree to having a Facilitator.*

<b>Date of Request</b>			
<b>Name of Requestor</b>			
<b>Title of Requestor</b>			
<b>Requestor's phone #</b>			
<b>Requester's Email address</b>			
<b>District</b>			
<b>SAU #</b>			
<b>Director of Special Education Name &amp; Contact Information</b>		<b>Name:</b>	
		<b>Email Address:</b>	
		<b>Phone Number:</b>	
<b>Name/Age/Grade of Student</b>		<b>Name:</b>	<b>Age:</b>
<b>Parent(s) Name(s) &amp; Contact Information</b>		<b>Name(s):</b>	
		<b>Email Address:</b>	
		<b>Phone Number:</b>	
<b>Topic(s) for IEP Team Meeting</b>			
<b>Has student ever been subject to a state complaint, due process complaint, or mediation? Year?</b>			
<b>Requested date of Meeting (Day of week and start &amp; end time. NOTE: Mtg should be at least 1.5hrs)</b>		<b>Day of Week:</b>	
		<b>Date:</b>	
		<b>Meeting Start Time:</b>	<b>End Time:</b>
<b>Location of IEP Team Meeting (Building and address if in-person. If virtual, district is responsible for providing virtual link for meeting.)</b>		<b>Please check the appropriate box for the preferred method for facilitator joining:</b> <input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	
		<b>Building:</b>	
		<b>Address:</b>	
<b>Necessary meeting room elements:</b>  <input type="checkbox"/> Circular seating <input type="checkbox"/> Room for Everyone at table <input type="checkbox"/> Windows <input type="checkbox"/> Good lighting <input type="checkbox"/> Good ventilation <input type="checkbox"/> Big clock visible to all <input type="checkbox"/> Other (provide detail)		<b>Who's Invited to IEP Team Meeting: Name, Title, member role, Employer if not LEA /SAU</b>	
		1.	
		2.	
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12.			
<b>Special instructions/comments</b>			