IEP Facilitation is a free and voluntary service that the New Jersey Department of Education’s Office of Special Education Programs (OSEP) offers to individualized education program (IEP) teams to promote effective communication and assist the team in developing a mutually agreed upon IEP.

Either parents or the school district can request IEP Facilitation. As the process is voluntary, both parties must agree in order for facilitation to occur.

The OSEP attempts to accommodate all requests for IEP Facilitation. However, certain circumstances can prevent the assignment of a facilitator. These include:
- Both parties do not agree to facilitation;
- The request is not received with sufficient time to assign a facilitator (e.g. district must hold the IEP meeting by a certain date to meet timeline regulation); and/or
- Demand for IEP Facilitation exceeds the number of available facilitators.

The parent or district can rescind the request for the IEP Facilitation. As a courtesy to the other party and the IEP Facilitator, the OSEP should be notified as soon as possible.

**Date of request:**
__________________________

**Requesting party:**
__________________________

**Relationship to student:**
__________________________

**Primary focus/concern:**
________________________________________________________________________________________
________________________________________________________________________________________

**Parent/Guardian contact information:**
________________________________________________________________________________________
________________________________________________________________________________________

**Name**
________________________________________________________________________________________

**Phone (best)**
________________________________________________________________________________________

**Email address**
________________________________________________________________________________________

**District contact information:**
________________________________________________________________________________________
________________________________________________________________________________________

**Name**
________________________________________________________________________________________

**District**
________________________________________________________________________________________

**Phone**
________________________________________________________________________________________

**Email address**
________________________________________________________________________________________
If the IEP meeting has been scheduled, please provide date, time, and location:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list at least three (3) alternate dates for availability:

________________________________________________________________________

Please fax or mail to: New Jersey Department of Education  
Office of Special Education Programs  
PO Box 500  
Trenton, NJ 08625-0500  
Fax: 609-984-8422