# Request for an Independent Individualized Education Program (IEP) Facilitator

An independent facilitator may be requested for disputes relating to an admission, review, and dismissal (ARD) committee meeting in which mutual agreement about all the required elements of the student’s IEP was not reached and which the parties have agreed to recess and reconvene in accordance with 19 Texas Administrative Code §89.1055. A request for an independent facilitator must be received by TEA within ten calendar days of the ARD committee meeting that ended in disagreement.

Within five business days of receipt of a completed request for an independent facilitator, TEA will determine whether the conditions required by 19 TAC §89.1197 have been met and will notify the parties of its determination and the assignment of the independent facilitator, if applicable. TEA’s decision not to provide an independent facilitator is final and is not subject to review or appeal.

If an independent facilitator is assigned, the assignment may be made based on a combination of factors including, but not limited to, geographic location and availability. Once assigned, the independent facilitator will promptly contact the parties to clarify the issues, gather necessary information, and explain the facilitation process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Student’s School District/Charter School:** | | | | |
| **Student’s Name:** |  | |  |  |
| **Student’s Date of Birth:** |  | |  | **Is the Student an Adult?**  **Yes No** |
| **Parent’s Name:** | | | | |
| **Address of the Parent or Adult Student:** | | | | |
| **City:** | **State:** | | **Zip Code:** |  |
| **Phone Number for Parent/Adult Student:** | | **Email Address for Parent/Adult Student:** | | |
| **Phone Number for District/Charter Representative:** | | **Email Address for District/Charter Representative:** | | |

# Provide the date of the ARD committee meeting that ended in disagreement.

**Provide the scheduled date, start time, and location of the ARD committee meeting to be reconvened.**  \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Have the parties participated in state IEP facilitation for this student during this school year?** | Yes | No |
| **Is there an option for the facilitator to participate in the ARD committee meeting virtually?** | Yes | No |

**Please check the boxes next to the specific elements of the IEP that are in disagreement.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Annual Goals |
|  |  |  | Behavior Intervention Plan |
|  |  |  | Benchmarks or short-term objectives |
|  |  |  | Extended school year (ESY) services |
|  |  |  | Frequency for reporting the student’s progress to parents |
|  |  |  | How progress toward meeting annual goal(s) will be measured |
|  |  |  | Instructional setting and length of the student’s school day |
|  |  |  | Justification for nonparticipation in extracurricular and nonacademic activities |
|  |  |  | Opportunities to participate in extracurricular and nonacademic activities |
|  |  |  | Participation in state and districtwide assessments |
|  |  |  | Placement of a student in a residential facility |
|  |  |  | Present levels of academic achievement and functional performance (PLAAFP) |
|  | | | Requirements for a student placed at the Texas School for the Blind and Visually Impaired (TSBVI) or the Texas  School for the Deaf (TSD) (for example, the services which the school district is unable to provide, criteria and estimated timelines for the student’s return to the school district, appropriateness of the facility for the student) |
|  | | | Services required for a student who is blind or visually impaired (for example, orientation and mobility training, instruction in Braille or for large print, other training to compensate for serious visual loss, access to special media and special tools, appliances, aids, or devices commonly used by individuals with serious visual impairments, plans and arrangements made for contacts with and continuing services to the student beyond regular school hours, of the various service resources available in the community and throughout the State, learning media based on the functional vision evaluation and learning media assessment) |
|  | | | Special education and related services (for example, accommodations, speech services, occupational therapy, physical therapy, etc.) |
|  | | | Services for a student with autism or other pervasive developmental disorder |
|  |  |  | Transition services |
|  |  |  | Transportation |
|  |  |  | Other (please explain) |

**Signature of Parent/Adult Student Signature of District/Charter Representative**

By signing this document, the parent/adult student and the school district/charter school agree that the assigned facilitator may access the student’s education record for the purposes of the ARD committee meeting.

TEA must receive a completed copy of this form by mail, hand-delivery, or by email to [spedcomplaints@tea.texas.gov](mailto:spedcomplaints@tea.texas.gov) within **ten calendar days** of the ARD committee meeting that ended in disagreement.

The form may be mailed or hand delivered to the following address.

Texas Education Agency 1701 N. Congress Avenue Austin TX 78701-1494

Questions related to this form or to the state IEP facilitation process may be directed to [spedcomplaints@tea.texas.gov.](mailto:spedcomplaints@tea.texas.gov)