



Emily Mostovoy-Luna, Associate Superintendent

Facilitated IEP Meeting Intake Form

Date: \_\_\_\_\_ Student Initials: \_\_\_\_\_ Staff: \_\_\_\_\_

How was request received? Mail \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about FIEP? \_\_\_\_\_

Have you previously participated in another ADR option with this family/school Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who is requesting a facilitator? Parent/Adult Student/Guardian \_\_\_\_\_ School District \_\_\_\_\_ Both \_\_\_\_\_

Interpreter Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Student and Parent/Guardian Information

Student's Name: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Legal representation? Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Advocate? Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Student's primary eligibility? \_\_\_\_\_ Secondary eligibility? \_\_\_\_\_

School/District Information

School Representative Name: \_\_\_\_\_ School District: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Representation: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

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Type of IEP: Initial \_\_\_\_\_ Annual \_\_\_\_\_ 3-year re-evaluation \_\_\_\_\_ Other \_\_\_\_\_

Date of Last IEP Meeting: \_\_\_\_\_ Did Parent/Guardian Sign? Yes \_\_\_\_\_ No \_\_\_\_\_

IEP Renewal Date: \_\_\_\_\_

Has the team met previously for the current IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ How long was meeting? \_\_\_\_\_

What, if any, related services are involved? \_\_\_\_\_

If so, which are part of the IEP? \_\_\_\_\_

Are there evaluation results that need to be shared prior to the meeting? Yes \_\_\_\_\_ No \_\_\_\_\_