



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright *future* for every child

**Request for Special Education Individualized Education Program Meeting Facilitator**

Please fill out completely and return at least 10 days prior to the requested date of the IEP meeting:

Attention: Mona Spells Adou, Office of Special Education, 359 North West Street, Jackson, MS 39201  
By mail, fax (601) 359-1829 or email [mspells@mdek12.org](mailto:mspells@mdek12.org). The school district or parent(s) can request a facilitator but both parties must agree to have a facilitator attend the meeting.

<b>Date of Request</b>		
<b>Name of Requestor</b>		
<b>Title of Requestor</b>		
<b>Requestor's phone #</b>		
<b>District</b>		
<b>MSIS#</b>		
<b>Director of Special Education Name &amp; Contact Information</b>	<b>Name:</b>	
	<b>Email Address:</b>	
	<b>Phone Number:</b>	
<b>Name of Student</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>Requested Date of Meeting (day of week and start &amp; end time)</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, room, and town)</b>	<b>Building:</b>	
	<b>Room:</b>	
	<b>Town:</b>	
<b>Necessary Meeting Room Elements:</b> <input type="checkbox"/> Circular seating <input type="checkbox"/> Room for everyone at table <input type="checkbox"/> Good lighting <input type="checkbox"/> Good ventilation <input type="checkbox"/> Big clock visible to all	<b>Who's Invited to IEP Team Meeting: Name, Title, Member Role, Employer if not LEA</b>	
	1.	
	2.	
	3.	
	4.	
	5.	
	Signature(s) Director of Special Education	_____ Yes I Agree
Parent(s) _____	_____ No I Disagree	