

Bureau of Exceptional Education and Student Services

State-Facilitated Individual Educational Plan (SFIEP)

Meeting Request Form



This form should be completed by parents, guardians or district staff who wish to request an SFIEP team meeting. Please complete this form and submit it via email or mail to the Bureau of Exceptional Education and Student Services.

Name of Student:	Student Age and Grade:	School Name:
Student Address (Street, City, State, ZIP):		School District:
Does the student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student attend a public school or private school? <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other If Other, please specify:	
List all Student Exceptionalities or Disabilities:		

Please select one of the following to indicate who is requesting the SFIEP:

- I am the parent or guardian of the student
- I am a parent representative
- I am the school district or local educational agency (LEA) representative
- I am the adult student

Please complete the following:

Name of Parent:	Relationship to Student:	Email Address:
Have the parties participated in a district-level FIEP meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number:
Do you require an interpreter, accessibility assistance or ADA accommodations during the SFIEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate any <u>potential</u> dates for the SFIEP meeting: (dates can be no earlier than 7 business days from date of request)	

If submitted by school district or LEA personnel, complete the following:

Name of School Representative:	Title:	Email Address:
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Is your request tied to either of the following?

- A state complaint? Yes No
- A request for due process hearing? Yes No

Please indicate if you are interested in participating in a Virtual SFIEP Meeting:

- Yes No

Please indicate the purpose for the Request for an SFIEP Meeting:

- | | |
|---|---|
| <input type="checkbox"/> Develop Initial IEP | <input type="checkbox"/> Secondary Transition Services (including Vocational Education) |
| <input type="checkbox"/> Annual IEP team meeting | <input type="checkbox"/> Florida Standards Statewide Assessment or Florida Standards Alternate Assessment |
| <input type="checkbox"/> Review and Revise IEP | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Accommodations, Goals and Services | <input type="checkbox"/> Extended School Year Services |
| <input type="checkbox"/> Least Restrictive Environment (time spent with peers without disabilities) | |

Please give a brief description regarding the specifics of this request.

Please submit this SFIEP meeting request via email or mail to the Bureau of Exceptional Education and Student Services:

Email: SFIEP@fldoe.org

Mail: Florida Department of Education
Bureau of Exceptional Education and Student Services
Dispute Resolution and Monitoring Unit: SFIEP Request Form
325 West Gaines Street, Suite 614
Tallahassee, Florida 32399-0400