

**Florida Department of Education  
Bureau of Exceptional Education and Student Services**

**State-Sponsored Facilitated Individual Educational Plan (FIEP)  
Team Meeting Agreement**

This document is to be read and signed prior to beginning the FIEP meeting.

Date of Meeting: \_\_\_\_\_

Name of Student: \_\_\_\_\_

School District: \_\_\_\_\_

An FIEP meeting is one in which an individual educational plan (IEP) is developed by a collaborative team whose members share the responsibility for the meeting process and results and in which decision making is managed through the use of facilitation skills. [Source: Key2Ed]

By signing this document, I am agreeing to participate in an FIEP meeting.

I understand that participation in an FIEP is voluntary for all participants and that all participants must agree for facilitation to occur. As a participant, I understand that the role of the facilitator is to help the IEP team members work together specifically on issues with the IEP and to assist with the process by providing a positive environment for good communication and constructive discussion, as well as to help resolve disagreements as the IEP team members work to develop the IEP. If broader issues need to be discussed, or the IEP team members cannot agree, I understand that we have the option to request mediation and or due process from the Bureau of Exceptional Education and Student Services (bureau).

I understand that the facilitator is not a member of the IEP team or employed by the school district. I also understand that the facilitator is an independent contractor and not an employee or representative of the bureau. I also understand that the facilitator cannot provide advice or advocacy for any content of the IEP or any participant, and does not make any decisions about the content of the IEP.

I understand that the facilitator is provided by the bureau at no cost to the parent or the district. I also acknowledge that the bureau will not be responsible for any attorney or advocate fees, or any other costs associated with the FIEP meeting. I agree that the bureau is not liable for or responsible for the outcome of the FIEP.

I understand that if the FIEP meeting is not progressing toward the development of a mutually agreed upon IEP, the facilitator can remove him/herself and end the facilitation. Additionally, I understand that the IEP team can continue the IEP meeting without the facilitator or reconvene another day. I am also aware that the FIEP meeting process cannot be used to extend IEP timelines. Finally, I am aware that if any party withdraws consent to participate in the FIEP meeting, the facilitator will remove him herself and end the facilitation of the IEP.

I understand that if an agreement is reached on the IEP, the school district is required to complete the IEP document and provide written notice to the parent. Other than the FIEP Team Meeting Agreement and the Post-FIEP Evaluation, the facilitator will neither create nor maintain any records of the FIEP meeting, including personal notes. The only records of the FIEP meeting maintained by the bureau will be the date, time and location of the session, as well as whether or not an IEP was developed, along with the FIEP Team Meeting Agreement and Post-FIEP Evaluation. Neither the bureau nor the facilitator will keep a copy of the IEP document.

I understand that the IEP is enforceable through the state's complaint process, mediation or a due process hearing.

By signing this, I am acknowledging that I have received the FIEP Meeting Participant Survey. I understand that the information on this form is helpful to the bureau in maintaining a high quality of facilitation services and is helpful in providing feedback to the facilitator.

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Parent Guardian Date

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School District Agency Representative Date

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Facilitator Date

Other Participants *(include relationship to student and email address)*

<b>Name</b>	<b>Relationship to Student</b>	<b>Email Address</b>