

Case #

Center #

Student Name:

Date:

**STATEMENT OF UNDERSTANDING REGARDING SPECIAL EDUCATION
MEETING FACILITATION – In Person**

I have been informed of and understand the following regarding Special Education meeting facilitation:

1. The facilitator's role is to promote constructive discussion so the goal of the meeting can be reached. The facilitator may also help resolve disagreements during the meeting. We understand that we may request mediation from Special Education Mediation Services if any disagreements cannot be resolved during this facilitated meeting.
2. The facilitator is not a member of the team or employed by the school.
3. The facilitator cannot give advice of any kind, including legal advice, or advocate for any participant or position.
4. The confidentiality protections applicable to special education mediation under the IDEA and its implementing regulations do not extend to facilitated meetings.
5. The facilitator is not a member of the IEP team and is not a required participant in any subsequent proceeding relating to the facilitated meeting. Neither the Michigan Department of Education (MDE), an individual or entity working with the MDE, nor a facilitator shall be liable to any party for any act or omission in connection with this facilitated meeting.
6. Neither party shall call the facilitator to testify in any subsequent proceedings.
7. Signing this Statement of Understanding gives the meeting facilitator access to the student's education records.
8. The facilitator has been impartially selected and the intake and facilitation services are provided at no cost to any party.
9. All participants will be provided the opportunity to complete a confidential evaluation at the close of the facilitation process to provide feedback about the effectiveness of the facilitation and the facilitation process.

Case #

Center #

Student Name:

Date:

10. In addition to the assigned facilitator, a facilitation observer may be assigned to the facilitated meeting for training and professional development purposes only.
- The facilitation observer will remain silent and will not actively participate in the meeting or conversation.
 - The meeting facilitation observer will not make any direct contact with the parties.

Signatures on this Statement of Understanding may be executed in separate documents. Signatures may be submitted via fax, email or-via other identified electronic method.

Printed Name:

Agency representative with authority to bind agreement

Signature:

Printed Name:

Parent/Student if over 18

Signature:

Printed Name:

Signature:

Parent

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Case #

Center #

Student Name:

Date:

Printed Name:

Signature:

Printed Name:

Signature:

Facilitator

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Printed Name:

Signature:

Case #

Center #

Student Name:

Date:

Printed Name:

Signature:

Printed Name:

Signature: