

WSEMS #  
**AGREEMENT TO USE THE WSEMS FACILITATED IEP  
PROCESS**

1. We agree to participate in a facilitated IEP process and that will be our facilitator.
2. We understand that the role of the facilitator is to help us 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 members work on the IEP. If broader issues need to be discussed, we understand that we have the option to request mediation from the Wisconsin Special Education Mediation System (WSEMS).
3. We understand that our facilitator is not a member of the IEP team or employed by the school. We also understand that the facilitator cannot provide legal advice to or advocacy for any participant.
4. We understand that IEP facilitation is a separate process from mediation and, therefore, does not have any of the confidentiality protections that are provided under Wis. Stat. 904.085 for mediation.
5. We understand that the fees and costs of the facilitator are provided at no cost to us and are paid by the WSEMS.
6. We agree that our facilitator shall have access to student records during the facilitation process.
7. This agreement may be signed in separate identical copies. When all copies are brought together, it shall be considered the same as if the parties had all signed the same copy.
8. By signing this, I am acknowledging that I will receive a WSEMS IEP Facilitation Participant Reporting Form. I understand that the information on this form is helpful to the WSEMS in maintaining the high quality of the facilitation services and is helpful in providing feedback to our facilitator.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(party or representative)

Signed: \_\_\_\_\_  
(other)

Signed: \_\_\_\_\_  
(other)

Signed: \_\_\_\_\_  
(facilitator)

May 2014

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