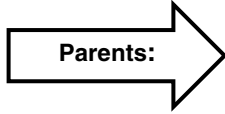




Richard Woods,
Georgia's School Superintendent
"Educating Georgia's Future"

Facilitated Individualized Education Program (FIEP) Team Meeting Request Form

"A Collaborative Dispute Prevention and Resolution Option"



*Complete and submit **one (1) signed copy of this form to the Special Education Director** in your child's school district. You may wish to retain a copy for your records.



*Submit the **signed FIEP Team Meeting Request Form** and a copy of the fully executed **IEP Team meeting notice** to:

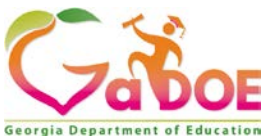
Georgia Department of Education
Division for Special Education Services and Supports
205 Jesse Hill Jr. Drive, SE
1870 Twin Towers East
Atlanta, Georgia 30334
eFax: 770-344-4458
Hard Fax: 404-651-6457
Attention: FIEP Request

Instructions

1. Either a parent or school district may initiate the facilitated IEP Team meeting process. The school district will submit the completed form by mailing or faxing the signed form to the **Georgia Department of Education (GaDOE), Division for Special Education Services and Supports, 205 Jesse Hill Jr. Drive, SE, 1870 Twin Towers East, Atlanta, Georgia 30334, eFax (770) 344-4458 or Hard Fax (404) 651-6457, Attention: FIEP Request.** Both the parent and school district may jointly complete one form.
2. Parties should contact the GaDOE **at least 7-10 days** prior to the IEP Team meeting. Both parties must agree to the facilitated IEP Team meeting in order for the process to take place.
3. Once a **completed request form** and **IEP Team meeting notice** is provided, the GaDOE Family Engagement and Dispute Resolution Team will assign a facilitator for the IEP Team meeting from a list of trained professionals and keep the parties notified about the progress of the request.

We understand the following:

1. We are requesting that the GaDOE Family Engagement and Dispute Resolution Team assign an IEP Team Meeting Facilitator.
2. We understand that the GaDOE provides a facilitator at no cost to parents or school districts.
3. We understand that the signing of this request gives the facilitator access to student records during the facilitation process.
4. We understand that the facilitator is not a member of the IEP Team.
5. We understand that the facilitator cannot provide legal or financial advice to any participant.
6. We understand that participation in this process is voluntary and does not prevent the participants from utilizing the IDEA dispute resolution options (i.e., formal complaint, mediation, and due process hearing).
7. We understand that, by completing the evaluation form at the conclusion of the facilitated IEP Team meeting, we are supporting the continuous improvement of the FIEP Team meeting processes and procedures.



Georgia Department of Education
Division for Special Education Services and Supports
1870 Twin Towers East
205 Jesse Hill Jr. Dr. SE
Atlanta, GA 30334
www.gadoe.org



@georgiadeptofed



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Facilitated Individualized Education Program (FIEP) Team Meeting Request Form

"A Collaborative Dispute Prevention and Resolution Option"

| | | | | | |
|---|----------------------|----------------------|------------------------------|-------|---------------|
| Name of Student | | | Grade of Student | | Date of Birth |
| Name of State School | | | Name of Home School District | | |
| Name of State Schools Assistant Director Ms. Jan E. Stevenson | | | Name of Parent/Guardian | | |
| Address Suite 1566B Twin Towers East 205 Jesse Hill Jr. Drive, S.E. | | | Address | | |
| City Atlanta | State GA | Zip 30334 | City | State | Zip |
| Contact Numbers | Work 404-232-1503 | Cell 678-885-0478 | Home | Work | Cell |
| Email jstevenson@doe.k12.ga.us | | | Email | | |

An IEP Team meeting is currently scheduled for:

| | |
|-----------------|--|
| Date | |
| Time | |
| Location | |
| Purpose | |

Required Signatures: We understand that a Facilitated IEP Team meeting is a voluntary alternative dispute resolution option. We understand and agree to the seven (7) items listed on page one of this request form.

| | |
|------------------------------|-------------|
| Signature of Parent/Guardian | Date Signed |
|------------------------------|-------------|

| | |
|---|-------------|
| Signature of Special Education Director | Date Signed |
|---|-------------|

| | |
|-------------------------------------|-------------|
| Signature of State Schools Director | Date Signed |
|-------------------------------------|-------------|

Submit the **signed FIEP Team Meeting Request Form** and copy of the fully executed **IEP Team meeting notice** to:

Division for Special Education Services and Supports
205 Jesse Hill Jr. Drive, SE, 1870 Twin Towers East
Atlanta, Georgia 30334
eFax: 770-344-4458 or Hard Fax: 404-651-6457
Attention: FIEP Request

For questions, contact the Special Education Helpdesk at (404) 657-9968 or spedhelpdesk@doe.k12.ga.us