



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"

Parents:

*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.

Special Education Director:

*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
Email: SPEDhelpdesk@doe.k12.ga.us
Attention: FIEP Request

Electronic submissions are strongly encouraged

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 emailing, faxing, or mailing 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 email: SPEDhelpdesk@doe.k12.ga.us 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
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www.gadoe.org



@georgiadeptofed



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Name of Student			Grade of Student		Date of Birth
Name of School District			Current School		
Name of Special Education Director or Designee			Name of Parent/Guardian		
Address			Address		
City	State	Zip	City	State	Zip
Contact Numbers	Work	Cell	Home	Work	Cell
Email			Email		
Who initiated this Facilitated IEP Team meeting request? ☐ Parent ☐ School District					

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

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

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