



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

Facilitated Individualized Education Program (FIEP) Team Meeting Request Form (State Schools) "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: 770-344-4477
Hard Fax: 404-651-6457
Attention: Jamila Pollard**

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) 770-344-4477 or Hard Fax (404) 651-6457, Attention: Jamila Pollard.** Both the parent and school district may jointly complete one form.
2. Parties should submit the completed request form to 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 Dispute Resolution Team will appoint 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 Dispute Resolution Team assign an IEP Team Meeting Facilitator.
2. We understand that the GaDOE provides a facilitator at no cost to parents or district.
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 neither party shall call the facilitator to testify in any subsequent proceeding.
8. 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.



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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 Georgia	Zip 30334	City	State	Zip
Contact Numbers	Work (404) 232-1503	Fax (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 eight (8) items listed on page one of this request form.

Signature of Parent/Guardian	Date Signed
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Signature of Home School District's Special Education Director	Date Signed
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Signature of State Schools Director	Date Signed
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Attention: Jamila Pollard

For questions, contact Jamila Pollard at (404) 657-7329 or jpollard@doe.k12.ga.us