



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

## Facilitated Individualized Education Program (FIEP) Team Meeting Request Form

*"An Alternative Dispute 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: 770-408-3615**  
**Hard Fax: 404-651-6457**  
**Attention: Nykia Burke**

### 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) 408-3615 or Hard Fax (404) 651-6457, Attention: Nykia Burke.** 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 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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Name of Student			Grade of Student	Date of Birth		
Name of School District			Current School			
Name of Special Education Director			Name of Parent/Guardian			
Address			Address			
City	State	Zip	City	State	Zip	
Contact Numbers	Work	Cell	Home	Work	Cell	
Email			Email			

**An IEP Team meeting is currently scheduled for:**

<b>Date</b>	
<b>Time</b>	
<b>Location</b>	
<b>Purpose</b>	

**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 Special Education Director	Date Signed
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Attention: Nykia Burke

For questions, contact Nykia Burke at (404) 844-8741 or [nburke@doe.k12.ga.us](mailto:nburke@doe.k12.ga.us)