Facilitated Individualized Education Program (FIEP) Team Meeting Request Form (Rome City)
“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: 770-344-4477
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.
Name of Student | Grade of Student | Date of Birth
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Name of School District | Current School
Rome City School District

Name of Special Education Director | Name of Parent/Guardian
Kriszi Kilpatrick

Address | Address
508 E. 2nd Street

City | State | Zip
Rome | Georgia | 30161

Contact Numbers | Home | Work | Cell
(706) 236-5050 | (706) 291-7693

Email | Email
tmetzger@rcs.rome.ga.us

An IEP Team meeting is currently scheduled for:

Date | Time | Location
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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.

<table>
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<th>Signature of Parent/Guardian</th>
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<tr>
<th>Signature of Special Education Director</th>
<th>Date Signed</th>
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Attention: Jamila Pollard
For questions, contact Jamila Pollard at (404) 657-7329 or jpollard@doc.k12.ga.us

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