



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

## Facilitated Individualized Education Program (FIEP) Team Meeting Request Form (**Cartersville City**) *"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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## Facilitated Individualized Education Program (FIEP) Team Meeting Request Form

*"An Alternative Dispute Resolution Option"*

Name of Student			Grade of Student		Date of Birth
Name of School District Cartersville City Schools			Current School		
Name of Special Education Director Susan Tolbert			Name of Parent/Guardian		
Address P.O. Box 3310			Address		
City Cartersville	State GA	Zip 30120	City	State	Zip
Contact Numbers	Work (706) 657-4361	Cell	Home	Work	Cell
Email stolbert@cartersville.k12.ga.us			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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Atlanta, Georgia 30334  
eFax: 770-408-3615 or Hard Fax: 404-651-6457

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