Application for Georgia Online IEP

(GO-IEP)

Georgia Department of Education (GADOE) has developed a simple application form to assist us in selecting the next round of districts for GO-IEP participation. If your district is interested in participating, a GaDOE GO-IEP team member will review the GO-IEP Implementation Guide with you to determine when you are ready for GO-IEP use. The GO-IEP Implementation Guide is available on the GaDOE GO-IEP website. It can also be obtained by contacting a member of the GaDOE GO-IEP Team.

At this time, we are accepting applications from all interested districts who meet the criteria described in the GO-IEP Implementation Guide. Currently, we know that the necessary access roles are available with Aspen, Infinite Campus, Powerschool, Schoolmax, and TEMS. If you have a different Student Information System (SIS), please contact Hubert Bennett (hbennett@doe.k12.ga.us) regarding the access roles which must be available.

If you feel that your district meets the requirements, please fill out this form, and then email it to: Linda Castellanos (lcastellanos@doe.k12.ga.us). The deadline to apply for implementation in August 2019 is February 22, 2019.

School District Name: ______________________________
Special Education Director: Name: ______________________________
Email: ______________________________
Phone: ______________________________

SIS District Contact: Name: ______________________________
Email: ______________________________
Phone: ______________________________

Current IEP Software (if any): ______________________________

Annual Cost of this software for your district (this is for our information only) ________________ Total number of Students with Disabilities in the district___________

Current SIS: ______________________________

We need to gather some information about your potential use of GO-IEP in your district.

Approximate number of GO-IEP users (this includes Special Ed teachers, school psychologists, therapists, and others who will be editing IEPs) ________________

Provide the contact information for the primary GO-IEP administrator/trainer in your District:

Name: ______________________________
Email: ______________________________
Phone: ______________________________
I agree that our district will comply with the requirements outlined in the GO-IEP Implementation Process Guide.

Signature of Special Education Director: Date:

Signature of Psychological Services Director (if different than Special Education Director): Date:

Signature of District Superintendent: Date:

Signature of SIS District Contact: Date:

Note: GO-IEP Readiness Orientation Meetings will be held in the Spring of 2019. The meeting will be held in several locations across the state. Districts with approved applications MUST attend the meeting. Attendance is required only once. Registration links and meeting information will be sent to districts that are accepted in the program.