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 2020 is February 21, 2020.

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 2020. Districts with approved applications MUST participate in the meeting. Attendance is required only once. A GO-IEP Program Specialist will contact districts that are accepted in the program to schedule the Readiness Meeting as well as develop a plan for implementation.