

# 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](mailto: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](mailto:lcastellanos@doe.k12.ga.us)). The deadline to apply for implementation in **FY 21-22** is **February 19, 2021**.

If your district is interested in transitioning to GO-IEP **during the 20-21 school year**, please contact Linda Castellanos to discuss this.

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 2021.  
Districts with approved applications MUST participate in the meeting.**

**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.**