

## 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 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 **Jesse Peavy** ([jpeavy@doe.k12.ga.us](mailto:jpeavy@doe.k12.ga.us)) regarding the access roles which must be available.

If you feel that your district meets the requirements, please complete and sign this form, and then email it to: **Linda Castellanos** ([lcastellanos@doe.k12.ga.us](mailto:lcastellanos@doe.k12.ga.us)). If your district is interested in transitioning to GO-IEP **during the next school year**, please contact Linda Castellanos to discuss this.

My district is interested in transitioning to GO-IEP in \_\_\_\_\_ of \_\_\_\_\_ .  
month year

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: 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.**

**Contact Information:  
Linda Castellanos  
Data and GO-IEP Program Manager  
(404) 719-8045  
lcastellanos@doe.k12.ga.us**

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