

**Florida Department of Education
Bureau of Exceptional Education and Student Services
Dispute Resolution**

**Request for Exceptional Student Education (ESE) Facilitated Individual
Educational Plan (FIEP) Meeting**

Directions: This form should be completed by individuals who wish to request a state-sponsored ESE FIEP meeting. Please complete and sign the form, forward it to the Bureau of Exceptional Education and Student Services, and retain a copy for your records.

Student Information

Last: _____ First: _____ Middle Initial: _____

Date of Birth – Month: _____ Day: _____ Year: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Exceptionalities: _____

School District in Which the Student is Enrolled: _____

Name of Student's School: _____ Grade: _____

Parent Guardian Information

Last: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to Student: _____

Have you participated in an FIEP meeting at the local level? Yes No

Parent or Guardian Authorization

Will you be involving an advocate or attorney? Yes No

Name and Agency of Advocate or Attorney: _____

Telephone: _____ Email: _____

The Florida Department of Education and the advocate or attorney may share information.

Parent Guardian Signature

Date

District Contact Information

School District Agency: _____

ESE Representative's Name/Title: _____

Telephone: _____ Email: _____

Address: _____

Will you be involving a school district attorney? _____ Yes _____ No

Attorney's Name: _____

Telephone: _____ Email: _____

ESE Representative Signature

Date

Need for Interpreter

Please complete this section if an interpreter is needed in order for an individual to participate in the FIEP meeting.

Person Needing Interpreter Services: _____

Language (e.g., Spanish, Haitian-Creole or sign language): _____

Statement of Issues

Please use the space below to describe the ESE issues that you wish to discuss during the FIEP meeting.

Issue Pertaining to FIEP Meeting Request

- Identification Evaluation
- Present Levels of Education Performance
- Goals and Objectives
- Services
- Least Restrictive Environment (Including Location of Services)
- Accommodations Modifications
- Related Services (Including Transportation)
- Assistive Technology
- Progress Reporting
- Secondary Transition (Including Vocational Education)
- Discipline Behavior
- Free and Appropriate Education
- Implementation of IEP
- Independent Educational Evaluation
- McKay or Gardiner Scholarship
- Statewide Assessment (Participation)
- Transition from Part C to Part B
- Other _____

Please forward this FIEP Meeting Request form to your
exceptional student education school district office

AND

via email, fax or mail to the
Bureau of Exceptional Education and Student Services:

Email: BEESScomplaints@fldoe.org

Fax: 850-245-0953

Mail: Leanne Grillot, Senior Educational Program Director
Florida Department of Education
Bureau of Exceptional Education and Student Services
325 West Gaines Street, Suite 614
Tallahassee, FL 32399-0400

Please call 850-245-0475 if you have any questions.