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: _______________

Email: ____________________________________________________________________

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): ____________________________

State Complaint or Due Process

Is your request tied to a state complaint or due process? □ Yes □ No

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

Mail: Victoria Gaitanis, 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.