



DATE RECEIVED: _____
MATTER ASSIGNED TO: _____

**Request for Legal Assistance
DCSD Office of Legal Affairs
ATTORNEY – CLIENT COMMUNICATION**

PLEASE SUBMIT COMPLETED REQUEST FORM TO
DCSD OFFICE OF LEGAL AFFAIRS.

*** This request is a confidential communication and should be treated as such ***

DESCRIPTION OF REQUEST

Title of Item/Topic:

Board Agenda Item for Metropolitan Regional Educational Service Agency (MRESA) and Metro East Georgia Learning Resources System (MEGLRS) Contract
(e.g., contract review, policy matter, etc.)

Date of request: _____

Due Date: _____ (Allow 3 to 5 business days)

Background information/Detail: MEGLRS provides direct support to six area school systems: DeKalb, Buford City, Decatur City, Fulton, Gwinnett, and Rockdale Counties. In these systems, Metro East GLRS provides support for parents of students with disabilities, teachers of students with disabilities, as well as students with disabilities. Metro East GLRS also provides in-kind ancillary services for the remainder of the Metro area: Cobb County Schools, Atlanta Public Schools, Clayton County Schools, Marietta City Schools, Douglas County Schools, and Forsyth County Schools. Metro East GLRS works directly with the Directors and Executive Directors of Special Education to design and implement the Statewide Systemic Improvement Plan (SSIP), Coordinated Early Intervening Services (CEIS), ATSI and Corrective Action Plans (CAP). These services are in the form of planning, professional learning, seminars, coaching, and mentoring.

PROCUREMENT DETAILS (if applicable)

Include details confirming that all applicable DCSD procurement policies and requirements have been adhered to: _____

As the fiscal agent for MEGLRS, the DeKalb County School District will be compensated through payments by the Georgia Department of Education upon submission of documented allowable disbursements, plus documentation of completion of specific performance objectives. There is no financial impact on the DeKalb County School District.

SUPPORTING DOCUMENTATION

Please attach/include any additional supporting documentation that are relevant to your request.

Description of supporting documentation, if any _____

REQUIRED AUTHORIZATION

Requested by: _____

Email: _____ **Telephone:** _____

Department: _____

Cabinet Member authorizing the request: _____

LEGAL APPROVAL

Approved as to form by the DCSD Office of Legal Affairs? Yes No

-OR- (check one only)

Approved as to form by Outside Legal Counsel? Yes No

*Referrals to Outside Legal Counsel must be coordinated and approved by the DCSD Legal Dept.

Approving Attorney (and law firm if Outside Counsel) _____

Comments: _____
