

Office for Dispute Resolution

MEDIATION REQUEST FORM

Mediation requested by: Parent School District (LEA) Date: _____

Student's Name: _____ Date of Birth: _____

Male Female Student's Exceptionality: _____

Student's School Building/Placement: _____

School District (LEA): _____

Superintendent: _____

School District Contact Person: _____

Title: _____ Phone No.: _____ Ext: _____

Cell No.: _____ Fax No.: _____ Email: _____

Address: _____

Mother: _____
(First name) (Last name)

Father: _____
(First name) (Last name)

Parent Address: _____

Home Phone: _____

Mother (work phone): _____ Father (work phone): _____

Mother (cell phone): _____ Father (cell phone): _____

Mother (email): _____ Father (email): _____

Mother Fax: _____ Father Fax: _____

Parent Name (if not living with student): _____

Parent Address (if not living with student): _____

INFORMATION ABOUT THIS MEDIATION:

Please provide a brief description of the dispute below in order to facilitate the scheduling of the mediation.

Parent Issues: _____

School District (LEA) Issues: _____

Has a Due Process Hearing also been requested for this student? NO YES