Office for Dispute Resolution

**MEDIATION REQUEST FORM** 

Mediation requested by:	Parent 🗌 School Distr	ict (LEA)	
Student's Name:		Date of Birth:	
Male 🗌 Female 🗌	Student's Exceptionality:		
Student's School Building/Place			
School District (LEA):			
Superintendent:			
School District Contact Person:			
Title:			Ext:
Cell No.:			
Address:			
Mother:	·	(Last name)	
Father:		· · ·	
(First name) Parent Address:		(Last name)	
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 s			
Parent Address (if not living with	n student):		
INFORMATION ABOUT THIS I Please provide a brief description mediation. Parent Issues:	on of the dispute below in		ng of the
School District (LEA) Issues:_			
Has a Due Process Hearing als	o been requested for this	student?	

6340 Flank Drive, Harrisburg, PA 17112-2764 717-541-4960 • Toll Free 800-222-3353 (PA only) • Fax 717-657-5983 • TTY Users: PA Relay 711 • ODR.pattan.net