APPENDIX B

REQUEST FOR MEDIATION					
Requested by (circle one):	Parent	School	Agency	Date of Re	quest:
Parent Contact Information					
Name:					
Address:Street				0''	 _
Telephone(s):				City	Zip
E-mail address:	Home		Wo		Cell
Best time to reach:					
Student Information					
Name:			!	Date of Birth:	
School/Program:				School District:	
Legal Representation (if any)				
Attorney Name/Firm:					-
Address:					
City/State/Zip:					
Telephone number (s):			Fax N	lumber:	
E-Mail:					
District/Agency Contact Info	mation				
Name:	P	hone #		E-mail	
I request mediation from Ore issue(s) for (students name)	egon Dep	artment o	of Education	on to assist in resolvin	ng the following cation program:
I understand that ODE will forward my request to the other party involved and if they agree to pursue mediation, ODE will contact me and make arrangements for mediation.					
Signed:				Date:	

07/15

(For parents): I authorize the school district and ODE to share educational information with the mediator about my child's identity, educational needs, and information pertinent to the mediation. I understand the mediator will keep this information confidential.

Parent signature:	Date:	

Requests for mediation may be submitted to ODE by:

Faxing copy to 503-378-5156

E-mail to: ode.disputeresolution@ode.state.or.us
Or mail to: Special Education Legal Specialist

Office of Student Services 255 Capitol St., NE Salem, OR 97310

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