APPENDIX B

REQUEST FOR MEDIATION

Requested by (circle one): Parent School Agency Date of Request: _____

Parent Contact Information

Name: _____

Address: _____
Street City Zip

Telephone(s): _____ _____ _____
Home Work Cell

E-mail address: _____

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 Number: _____

E-Mail: _____

District/Agency Contact Information

Name: _____ Phone # _____ E-mail _____

I request mediation from Oregon Department of Education to assist in resolving the following issue(s) for (students name) _____ special education 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: _____

(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