

APPENDIX B

REQUEST FOR MEDIATION

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

Parent Contact Information

Name: _____

Address: _____

Street	City	Zip
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Telephone(s): _____

	Home	Work	Cell
1. What is the purpose of the study?	To investigate the effects of a new drug on blood pressure.	To investigate the effects of a new drug on blood pressure.	To investigate the effects of a new drug on blood pressure.
2. What are the research questions?	What is the effect of the drug on blood pressure?	What is the effect of the drug on blood pressure?	What is the effect of the drug on blood pressure?
3. What are the hypotheses?	The drug will have a significant effect on blood pressure.	The drug will have a significant effect on blood pressure.	The drug will have a significant effect on blood pressure.
4. What are the variables?	Independent variable: Drug treatment. Dependent variable: Blood pressure.	Independent variable: Drug treatment. Dependent variable: Blood pressure.	Independent variable: Drug treatment. Dependent variable: Blood pressure.
5. What are the methods?	Randomized controlled trial.	Randomized controlled trial.	Randomized controlled trial.
6. What are the results?	The drug significantly reduced blood pressure.	The drug significantly reduced blood pressure.	The drug significantly reduced blood pressure.
7. What are the conclusions?	The drug is effective in reducing blood pressure.	The drug is effective in reducing blood pressure.	The drug is effective in reducing blood pressure.
8. What are the implications?	The drug may be used to treat high blood pressure.	The drug may be used to treat high blood pressure.	The drug may be used to treat high blood pressure.

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
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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