



OFFICE FOR DISPUTE
RESOLUTION

MEDIATION REQUEST FORM

Mediation requested by:	Parent <input type="checkbox"/> School District (LEA) <input type="checkbox"/>	Date: - -
Student's Name: FirstName / MI / Last Name		Date of Birth: - -
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Student's Exceptionality:	
Local Education Agency (LEA):		
Superintendent: First Name / MI / Last Name		
School District Contact Person: First Name / MI / Last Name		
Title: Supervisor, Director, CEO, etc.	Phone No.: - -	Ext:
Cell No.: - -	Fax No.: - -	Email:
Address: Street, P O Box, Room, etc.		
City / State / Zip:		
Parent's First Name:	Parent's Last Name:	
Parent Address: Street, Apt No., PO Box, etc.	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
City / State / Zip:	Home Phone: - -	
Parent's (work phone): - - Ext.	Parent's (cell phone): - -	
Parent's (Email):	Parent's Fax: - -	
First Name: 2 nd Parent at same address	Last Name:	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Home Phone: - -	
Cell phone: - -	Work phone: - - Ext.	
Email:	Fax: - -	
Parent's Name (if not living with student):		
Parent's Address (if not living with student): Street, Apt No, PO Box, etc.		
City / State / Zip:		
INFORMATION ABOUT THIS MEDIATION: <i>Please provide a brief description of the dispute below in order to facilitate the scheduling of the mediation.</i>		
Issues to be discussed at mediation:		
Has a Due Process Hearing also been requested for this student on these same issues?		<input type="checkbox"/> NO <input type="checkbox"/> YES

Revised 11/11

Save a copy of this form and **EMAIL** to ODR: odr@odr-pa.org