

EI Mediation Request Form

Part A

EI MEDIATION REQUEST FORM

Mediation requested by: Parent Local Education Agency Date: _____

Child's Name: _____ Date of Birth: _____

Male Female Child's Exceptionality: _____

Child's Placement _____

Local Education Agency (LEA) _____

Administrator: _____

LEA Contact Person: _____

Title: _____ Phone No.: _____ Ext.: _____

Cell No.: _____ Fax No.: _____ Email: _____

Address: _____

Mother: _____
(First name) (Last name)

Father: _____
(First name) (Last name)

Parent Address: _____

Mother (work phone): _____ Father (work phone): _____

Mother (cell phone): _____ Father (cell phone): _____

Mother (email): _____ Father (email): _____

Parent Name (if not living with child): _____

Parent Address (if not living with child): _____

INFORMATION ABOUT THIS MEDIATION:

Please provide a brief description of the dispute below in order to facilitate the scheduling of the mediation.

Parent Issues:

Local Education Agency Issues:

Has a Due Process Hearing also been requested for this student? NO YES