



Request Form

Mediation

IEP/IFSP/GIEP Facilitation

Service Information		
Today's Date:	Requested by: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> LEA (school district; charter; or IU) <input type="checkbox"/> Parent Attorney <input type="checkbox"/> Infant/Toddler/Early Intervention <input type="checkbox"/> LEA Attorney	
Name/Email of Person Completing this Form:	Relationship to Student:	Phone:
Please Check the type of service requested: <input type="checkbox"/> Mediation <input type="checkbox"/> IEP Facilitation <input type="checkbox"/> GIEP Facilitation <input type="checkbox"/> IFSP Facilitation (Early Intervention)		

Student Information	
Last Name:	First Name:
Date of Birth:	Exceptionality:
Name of School/Program:	

Parent/Guardian Information	
Parent/Guardian Names:	Second Parent or Parent not residing with the Student:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Cell Phone:	Cell Phone:
Email:	Email:

For Parent/Guardian Requests:

Will the parent be represented by an attorney at mediation? No Yes
 If yes, please provide the information below.

Attorney Name:

Attorney Email:

Attorney Phone:

Attorney Address:

LOCAL EDUCATION AGENCY (LEA) INFORMATION

School District/Charter School/Agency Name:

Address:

Contact Name:	Position Title:
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Phone:

Fax:

Email:

Please provide a brief description of the issue(s) in dispute, and any proposed solutions to the problem.

Please complete this section if you are requesting any type of facilitation service.

An IEP/IFSP/GIEP meeting is currently scheduled for: (time, date location)

An IEP/IFSP/GIEP meeting has not yet been scheduled.

For all requests, if there is additional information you would like to provide, please enter it here.

- Parents with questions about these services or other dispute resolution options may contact the Special Education ConsultLine at 800-879-2301 or 717-901-2146.
- Any birth-3 questions should be referred to OCDEL at 717-346-9320.
- On occasion, an ODR staff person may ask to attend any of these meeting for purposes of evaluating the service. Parties will be notified ahead of time, and any questions will be addressed at that time.
- Please save a copy of this form and MAIL, FAX or EMAIL a completed form to the Office for Dispute Resolution at:

6340 Flank Drive, Harrisburg, PA 17112-2764
717-901-2145 • Toll Free 800-222-3353 (PA only)
Fax 717-657-5983 • TTY Users: PA Relay 711
Email: odr@odr-pa.org