ODR Request Form

Top of

**Request for: Requested by: Today’s Date:****[ ]  Mediation** **[ ]  Due Process Hearing** **[ ]  Parent** **[ ]  School District**      **(School District, Charter School, IU)**

# The person completing this form should fill in the information below indicating his/her title at the school or his/her relationship to the student.

|  |  |  |
| --- | --- | --- |
| **Name of Person Completing Form:** | **Title or Relationship to Student:**  | **Phone:** |
|        |        |        |

**Has the opposing party been notified of this request?** **[ ]  Yes** **[ ]  No If yes, when?**

 **Date**

**Student Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Date of Birth** | **Gender** | **Exceptionality(ies):** |
|        |        |        |  |        |
| **LEA (Local Education Agency)** | **Building** |
| Northern York School District |       |

**Parent(s) Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title**  | **First Name**  | **Last Name** | **Relationship** | **Cell Phone:** |       |
|       |        |        | **[ ]  Mother** | **Home Phone:** |       |
| **Address:** | **[ ]  Father** | **Work Phone:** |       |
|        |  | **Fax:** |       |
|        |       |        |  | **Email:** |        |
| **City** | **State** | **Zip** |  |  |  |

# Due Process Hearing Requests ONLY

**Parent Attorney: Attorney Phone:**

**Parent NOT Living with Student : Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title**  | **First Name**  | **Last Name** | **Relationship** | **Cell Phone:** |       |
|       |        |        | **[ ]  Mother** | **Home Phone:** |       |
| **Address:** | **[ ]  Father** | **Work Phone:** |       |
|        |  | **Fax:** |       |
|        |       |        |  | **Email:** |        |
| **City** | **State** | **Zip** |  |  |  |

# Due Process Hearing Requests ONLY

**Parent Attorney: Attorney Phone:**

**Local Education Agency (LEA) Information:**

**LEA Contact:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title**  | **First Name**  | **Last Name** | **LEA Contact** |  |
|       |        |        | **Position Title:** |        |
| **Address:** | **Cell Phone:** |       |
|        | **Phone:** |       |
|        | **Fax:** |       |
|        |       |        | **Email:** |        |
| **City** | **State** | **Zip** |  |  |

**Superintendent/Chief Executive Officer *(if applicable)*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title**  | **First Name**  | **Last Name** | **LEA Contact** |  |
|       |        |        | **Position Title:** |        |
| **Address:** |  |  |
|        | **Phone:** |       |
|        |  |  |
|        |       |        |  |  |
| **City** | **State** | **Zip** |  |  |

##

# Due Process Hearing Requests ONLY

**District Attorney: Attorney Phone:**

### Information about this Mediation or Due Process Hearing

The following information is needed in order

to facilitate the scheduling of the Mediation or Due Process Hearing.

**Is this a Hearing Officer decision that has NOT been implemented?** **[ ]  Yes** **[ ]  No**

**(If yes, the Bureau of Special Education will be notified.)**

**Is this a request for an expedited hearing? If yes, please check ONE of the reasons below:**

 [ ]  Disciplinary (drugs/weapons) [ ]  ESY (Extended School Year)

 Check here if the student is in the ESY target group. [ ]

**Parent Position (Issues):**

**Parent Resolution:**

**School Position (Issues):**

**School Resolution:**

**The Mediation or Due Process Hearing will be held at a time and place reasonably convenient for the parents.**

**The LEA is to provide a convenient location. Please consider the needs of all individuals involved, including accessibility for individuals with disabilities.**

**If you require special accommodations, please contact the LEA.**

**This Due Process Hearing/Mediation will be held at the following address:**

**Site Location:**

 **Address:**

 **City State Zip**

**If this request is for a Due Process Hearing, please complete one of the following:**

* **Resolution Meeting to discuss these issues is scheduled for      . (date)**
* **Resolution Meeting was held      . (date)
We would like this Due Process Hearing request to move forward.** **[ ]  (check)**
* **Participation in Resolution Meeting was waived by both parents and LEA in writing on
     . (date)**

**If you are requesting Mediation, a Case Manager from ODR will be contacting you with further information.**

**If you are requesting a Due Process Hearing, you will be notified by ODR when a Hearing Officer has been assigned.**

**Please mail or fax this form to:**

 **Office for Dispute Resolution**

 **Suite 600**

 **6340 Flank Drive**

 **Harrisburg, PA 17112-2764**

 **Phones:**

 **717-541-4960**

 **800-222-3353 (PA only)**

 **800-992-4334**

 **800-654-5984 (TTY)**

 **717-657-5983 (Fax)**