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)**