

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION
DUE PROCESS UNIT
P. O. Box 2219-Room 364
Hartford, Connecticut 06145-2219
FAX# (860) 713-7153**

Request For Mediation

We request a mediation concerning _____, _____
(Name of student) (Date of birth)

_____ who is currently within the jurisdiction of the
(Address of residence of student)

Greenwich Public Schools
(School district)

and attends
(Name of the school the student attends)

Parent Signature Date District Signature Date

Parent Name (203) 625-7493 (203) 625-7490
District Telephone # Fax #

Parent Telephone # Fax # Parent E-mail Disability category

The date of the IEP meeting at which the parties failed to reach agreement: _____

Description of the nature of the issues in dispute, including related facts:

Proposed resolution of the issues to the extent known and available at this time.

Please provide three **mutually** agreeable dates for the mediation. From these dates, one will be selected for the convening of the mediation.

****Please forward to the above address and, as appropriate, the parents or the school district.****