

Mediation Request Form

Today's Date:		Requested by: ☐ Parent ☐ District ☐ LEA	
Name of Person Completing this Notice:	Relationship to Student:	Phone:	

Student Information

Last Name:	First Name:	Middle Initial:	Date of Birth:	Gender: ☐ M ☐ F
Exceptionality(ies):				
School District/Local Education Agency (LEA):		School Building Student Attends:		

Parent(s) Residing with Student

Last Name:		First Name:		Relationship: ☐ Mother ☐ Father ☐ Guardian	
Home Phone:	Cell Phone:	Work Phone:	Fax:	Email:	
Preferred method of written correspondence: ☐ U.S. Mail ☐ Email ☐ Fax					
Last Name:		First Name:		Relationship: ☐ Mother ☐ Father ☐ Guardian	
Home Phone:	Cell Phone:	Work Phone:	Fax:	Email:	
Preferred method of written correspondence: ☐ U.S. Mail ☐ Email ☐ Fax					

Parent Not Residing with Student

Last Name:		First Name:		Relationship: ☐ Mother ☐ Father	
Parent Address:					
Home Phone:	Cell Phone:	Work Phone:	Fax:	Email:	
Preferred method of written correspondence: ☐ U.S. Mail ☐ Email ☐ Fax					

School District/Local Education Agency (LEA) Information			
Superintendent Name: (Last, First, Middle Initial)			
School District/LEA Contact Person: (Last, First, Middle Initial)			
School District/LEA Contact Person's Title:			
Work Phone:	Cell Phone:	Fax:	Email:
School Address:			

Information About This Mediation: (Please provide a brief description of the dispute below in order to facilitate the scheduling of the mediation)	
Parent/Guardian's Issue(s):	
School District/LEA's Issue(s):	
Has a due process hearing also been requested for this student?	☐ Yes ☐ No

Please save a copy of this form and MAIL or EMAIL a completed form to the Office for Dispute Resolution at:

6340 Flank Drive, Harrisburg, PA 17112-2764
717-541-4960 • Toll Free 800-222-3353 (PA only)
Fax 717-657-5983 • TTY Users: PA Relay 711
odr@odr-pa.org.