OMSD Special Education

Request for Early Dispute Resolution

950 West D Street, Ontario, California 91762

Parents may request the assistance of school administrators to complete this form. For additional information, please contact the Special Education Department/PPS (909) 418-6422. Parents may submit this form either to the school site or District Office (special education office).

Section A

Student:_____ DOB:_____/_____/_____ Gender:_____ Grade: _____

School of Attendance: _____School of Residence: _____Teacher: _____

Parent (s)/Guardian: _____ Language of Parent: _____

Home Address: _____

Phone: Home (_____) _____-_____ Work (_____) _____-_____ Cell: (_____) _____-_____

Section B

Areas of Concern: ☐ This is a medical or safety issue

_____

_____

_____

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_____

*Attach additional sheets if needed.

Section C

Requested Solution for Concern:

_____

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

School District Use Only

Date Received: _____ Received By: _____Date Submitted to PPS/Special Education: _____

Section D

All Concerns were addressed between the site principal and parent. No further action is necessary.

_____ _____ _____ _____

Site Principal Date Parent/Guardian Date

CC: Parent, site administrator, PPS, District Office, teacher