



MEDIATION REQUEST FORM

This form is designed to assist Parties in requesting mediation services in lieu of due process hearing. Provide all information requested. Failure to provide all information may result in delay or dismissal of your hearing request.

Student and Case Information

Student Name:

Student Address:

Student Date of Birth:

Student School Attending:

Person Requesting Mediation: [check one]

Parent Name:

Guardian Name:

School District or Charter School:

Parent/Guardian, School District OR Charter School Address:

Parent/Guardian, School District OR Charter School Phone Number:

Mediation Meeting Information

Date Mediation Complaint Filed:

Date of Mediation:

Brief Reason for Mediation:

Has a Due Process hearing also been requested for this student on these same issues?

Yes No [check one]

If yes please provide Docket or Complaint Number:

Mediation Meeting Information

Date Mediation Complaint Filed:

Date of Mediation:

Mediation Outcome

I. Mediation Agreement

Resolution Agreement reached that satisfies all issues in the complaint. (All issues in the complaint have been resolved and an agreement has been reached to the satisfaction of the parties.) The parties agree the due process complaint should be dismissed.¹

A copy of the Mediation Agreement must be forwarded to the Hearing Officer and the OFT.

II. No Mediation Agreement

A. No agreement was reached by the end of the 30 day resolution period and the case should proceed to a due process hearing.

B. Although the 30 day resolution period has not yet expired, the LEA and the parent agree that no agreement is possible and want the 45-day hearing timeline to start the day after this written agreement.

Signatures and Affirmation

I affirm that the information provided in this form is true and correct.

Date,

Signature of Parent/guardian

Date,

Signature of LEA Representative

Mail, fax, e-mail, or deliver this form to:

By Mail:

Office of the State Superintendent of Education
Office of Dispute Resolution
810 First Street, NE 2nd floor
Washington, DC 20002
Telephone: (202) 698-3819

By Fax: (202) 478-2956

By E-mail attachment: www.student.hearing@dc.gov

¹ If some, but not all, issues in the due process complaint were resolved to the satisfaction of the parties, provided a copy of the resolution Agreement to the Hearing Officer and the ODR.

Office of the State Superintendent of Education

Office of Dispute Resolution

810 First Street, NE, 2nd Floor, Washington, DC 20002
(202) 698-3819 • www.osse.dc.gov