



OFFICE FOR DISPUTE
RESOLUTION

Evaluative Conciliation Conference (ECC) Request Form

Please complete and submit this form to ODR via mail, email or fax. If you are a parent with questions about this form, the ECC process, or your special education rights, you may contact the Special Education ConsultLine at 800-879-2301.

Today's Date:		Requested by: ___Parent ___LEA ___Joint	
Who is completing this form? ___Parent ___LEA ___Parent Attorney ___LEA Attorney			
Parent Information			
Last Name:		First Name:	Relationship: ___Mother ___Father
Home Phone:	Cell Phone:	Work Phone:	Email:
Address:			
Parent Attorney Information			
Parent Attorney:			
Parent Attorney Phone:	Parent Attorney Email:		
Student Information			
Last Name:	First Name:	DOB:	Exceptionality:

PLEASE IDENTIFY THE DESIGNATED CONTACT PERSON FOR ALL ECC COMMUNICATION: _____

Local Education Agency (LEA) Information	
LEA:	
LEA Representative:	Title:
Phone:	Email:
Address:	
Local Education Agency (LEA) Attorney Information	
LEA Attorney:	
LEA Attorney Phone:	LEA Attorney Email:

PLEASE IDENTIFY THE DESIGNATED CONTACT PERSON FOR ALL ECC COMMUNICATION: _____

Is there currently an active due process for this student? Yes No

Issues you would like the ECC Consultant to evaluate:

Your proposed resolution (what you would like to see happen regarding these issues):

The other party's proposed resolution:

Parents

Have you notified the LEA of your interest in ECC? Yes No

Are you represented by counsel at this time? Yes No

If you are not represented by counsel at this time, would you like someone from ODR to contact the LEA for you to request their participation in ECC? Yes No

Local Education Agency (LEA)

Have you notified the parent of your interest in ECC? Yes No

Will you be represented by counsel for this ECC? Yes No

If you are not represented by counsel for this ECC, would you like someone from ODR to contact the parent for you to request their participation in ECC? Yes No