NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION Exceptional Children Division

SPECIAL EDUCATION MEDIATION REQUEST FORM

STUDENT INFORMATION Student's Name: Date of Birth: _____ Age: ____ Area of Exceptionality: _____ Student's School: _____ Grade: _____ Local Educational Agency (school system): _____ **BACKGROUND INFORMATION** If requesting **mediation**: Briefly describe the nature of the problem and any facts relating to the dispute. Attach additional pages if necessary. For parent, adult student or interested party: Did you notify the school of the initiation of this request? Yes No Person notified: _____ Date notified: _____ How notified: **For Local Education Agency:** Did you notify the parent or adult student of the initiation of this request? Yes No Person notified: _______Date notified: ______ How notified:

CONTACT INFORMATION

Parent/Guardian's Name:	
Address:	
Telephone:	
E-mail:	
Parent/Guardian's Name:	
Address:	
Telephone:	Fax:
E-mail:	
ACCESSIBILITY NEEDS (of the paren	t or adult student with a disability)
T 1 (' N 1 (D) (C)	
Translation Needs (Please specify):	
Interpreter Needs (Please specify):	
interpreter receds (recase specify).	
Accessibility Needs (Please specify):	
SUBMISSION INFORMATION	
Name of Individual Completing this Request Form:	
Dwint Name	
Print Name:	
Signature:	
orginatore.	
Date of Submission:	

SEND SIGNED FORM VIA MAIL OR FAX TO:

Mediation Coordinator NC Department of Public Instruction 6356 Mail Service Center Raleigh, NC 27699-6356

> Telephone: (919) 807-3979 Fax: (919) 807-3755