



OFFICE FOR DISPUTE
RESOLUTION

Request Form for
IEP/IFSP Facilitation
Mediation

Evaluative Conciliation Conference (ECC)

Today's Date:		Requested by: <input type="checkbox"/> Parent /Guardian <input type="checkbox"/> LEA (school district; charter; or IU)	
Name of Person Completing this Form:		Relationship to Student:	Phone:
Please check the type of service requested: <input type="checkbox"/> IEP Facilitation <input type="checkbox"/> Mediation <input type="checkbox"/> ECC			
<input type="checkbox"/> For Parents, check here if you would like to discuss your concerns or questions about any of these services with a ConsultLine Specialist.			
<u>STUDENT INFORMATION</u>			
Last Name:		First Name:	
Date of Birth:		Exceptionality:	
<u>PARENT/GUARDIAN INFORMATION</u>			
Parent/Guardian Name(s):		<u>Second Parent or Parent not residing with the Student:</u>	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	

LEA INFORMATION

LEA Name:

Address:

Contact Name:

Position Title:

Phone:

Fax:

Email:

Please provide a brief description of the issue(s) in dispute, and any proposed solutions to the problem.

Please complete this section if you are requesting IEP Facilitation.

An IEP meeting is currently scheduled for _____(date and time).

Please complete this section if you are requesting ECC.

Are you represented by counsel at this time? Yes No

If you are not currently represented by counsel, would you like ODR to contact the other party to request their participation in ECC? Yes No

Please identify the designated contact person for all ECC communication:

Parent Attorney Information:**LEA Attorney Information:**

Name:

Name:

Email:

Email:

Phone:

Phone:

Has a due process hearing already been requested? Yes No

For all requests, if there is additional information you would like to provide, please enter it here.

- Parents with questions about these services or other dispute resolution options may contact the Special Education ConsultLine at 800-879-2301.
- Any birth-3 questions should be referred to OCDEL at 717-346-9320.
- On occasion, an ODR staff person may ask to attend any of these meetings for purposes of evaluating the service. Parties will be notified ahead of time, and any questions will be addressed at that time.
- Please save a copy of this form and MAIL, FAX or EMAIL a completed form to the Office for Dispute Resolution at:

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 Fax 717-657-5983 • TTY Users: PA Relay 711
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