

WSEMS Intake and Screening Information

Case #: WSEMS

How did you hear about the mediation system?

Form: Fax Mail Other

Child's Name/Age/Grade:

Does child live at home with both parents?

Parent(s): What is your child's disability?

District: What is the child's disability as noted on the "Evaluation and Determination of Disability" IEP form?:

Does the child receive any related services?

Does your child receive any tutoring or therapy or any program support outside of school? No Yes

If so, what?

(Request by: parent district joint request):

School Representative

Name:

Address:

Phone:

School District: School:

Are you working with an attorney for the mediation?:

E-mail address:

Parent(s) , Guardian or Adult Student

Name:

Address:

Phone:

Are you working with a parent advocate or an attorney for the mediation?:

E-mail address:

Who are you thinking about bringing to the mediation?:

Parents:

District:

Mediation Issues:

Parents:

District:

Previous Action Taken to Resolve Issues:

If a due process is pending, who filed for the hearing?

Are there any other circumstances we should be aware of?