

DIRECT REQUEST FOR MEDIATION OR FACILITATION

_____ I am requesting mediation with my child's school in order to resolve issues involving my child with a disability.

_____ I am requesting facilitation with my child's school in order to resolve issues on my child's Individualized Education Program (IEP) or Evaluation Team Report (ETR).

Date: _____

Child's Name: _____

Child's Date of Birth: _____

Child's School District of Residence: _____

Child's District/Building of Attendance: _____

Parent's Name (please print): _____

Street Address: _____

City, State and Zip Code: _____

Phone Number(s): _____

Email Address: _____

Please mail or email to:
Ohio Department of Education
Office for Exceptional Children
Mediation Coordinator
25 South Front Street
Columbus, OH 43215
Phone: 877-644-6338
Email: OECMediationFacilitation@education.ohio.gov

September 6, 2019