

ODR Request Form

Request for:

Mediation Due Process Hearing

Requested by:

Parent LEA

Today's Date:

(School District, Charter School, IU)

The person completing this form should fill in the information below indicating his/her title at the school or his/her relationship to the student.

Name of Person Completing Form:

Title or Relationship to Student:

Phone:

Has the opposing party been notified of this request? Yes No If yes, when? _____
Date

Student Information:

Last Name

First Name

Date of Birth

Gender

Exceptionality(ies):

LEA (Local Education Agency)

Building

Parent(s) Information:

Title First Name Last Name Relationship Cell Phone: _____

Mother Home Phone: _____

Address: Father Work Phone: _____

Fax: _____

Email: _____

City State Zip

Due Process Hearing Requests ONLY

Parent Attorney:

Attorney Phone:

Title First Name Last Name Cell Phone: _____

Home Phone: _____

Address: Work Phone: _____

Fax: _____

Email: _____

City State Zip

Due Process Hearing Requests ONLY

Parent Attorney:

Attorney Phone:

The Mediation or Due Process Hearing will be held at a time and place reasonably convenient for the parents.

The LEA is to provide a convenient location. Please consider the needs of all individuals involved, including accessibility for individuals with disabilities.

If you require special accommodations, please contact the LEA.

This Due Process Hearing/Mediation will be held at the following address:

Site Location: _____

Address: _____

_____ City

_____ State

_____ Zip

If this request is for a Due Process Hearing, please complete one of the following:

- Resolution Meeting to discuss these issues is scheduled for _____. (date)
- Resolution Meeting was held _____. (date)
We would like this Due Process Hearing request to move forward. (check)
- Participation in Resolution Meeting was waived by both parents and LEA in writing on _____. (date)

If you are requesting Mediation, a Case Manager from ODR will be contacting you with further information.

If you are requesting a Due Process Hearing, you will be notified by ODR when a Hearing Officer has been assigned.

Please mail or fax this form to:

Office for Dispute Resolution
Suite 600
6340 Flank Drive
Harrisburg, PA 17112-2764

Phones:

- 717-541-4960
- 800-222-3353 (PA only)
- 800-992-4334
- 800-654-5984 (TTY)
- 717-657-5983 (Fax)