



Request Form

Mediation

IEP/IFSP/GIEP Facilitation

| Service Information | | |
|---|---|--------|
| Today's Date: | Requested by: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> LEA (school district; charter; or IU) <input type="checkbox"/> Parent Attorney <input type="checkbox"/> Infant/Toddler/Early Intervention <input type="checkbox"/> LEA Attorney | |
| Name/Email of Person Completing this Form: | Relationship to Student: | Phone: |
| Please Check the type of service requested: <input type="checkbox"/> Mediation <input type="checkbox"/> IEP Facilitation <input type="checkbox"/> GIEP Facilitation <input type="checkbox"/> IFSP Facilitation (Early Intervention) | | |

| Student Information | |
|-------------------------|-----------------|
| Last Name: | First Name: |
| Date of Birth: | Exceptionality: |
| Name of School/Program: | |

| Parent/Guardian Information | |
|-----------------------------|--|
| Parent/Guardian Names: | Second Parent or Parent not residing with the Student: |
| Address: | Address: |
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |

| | |
|-------------|-------------|
| Cell Phone: | Cell Phone: |
| Email: | Email: |

For Parent/Guardian Requests:

Will the parent be represented by an attorney at mediation? No Yes
 If yes, please provide the information below.

Attorney Name:

Attorney Email:

Attorney Phone:

Attorney Address:

LOCAL EDUCATION AGENCY (LEA) INFORMATION

School District/Charter School/Agency 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 any type of facilitation service.

An IEP/IFSP/GIEP meeting is currently scheduled for: (time, date location)

An IEP/IFSP/GIEP meeting has not yet been scheduled.

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 or 717-901-2146.
- 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 meeting 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:

6340 Flank Drive, Harrisburg, PA 17112-2764
717-901-2145 • Toll Free 800-222-3353 (PA only)
Fax 717-657-5983 • TTY Users: PA Relay 711
Email: odr@odr-pa.org



调解申请表

IEP/IFSP/GIEP促成

服务信息

| | | |
|--|--|-----|
| 今天的日期: | 请求者: <input type="checkbox"/> 家长/监护人 <input type="checkbox"/> LEA (学区;包机;或 IU) <input type="checkbox"/> 家长律师 <input type="checkbox"/> 婴儿/幼儿/早期干预 <input type="checkbox"/> LEA 律师 | |
| 填写此表格的人的姓名/电子邮件: | 与学生的关系: | 电话: |
| 请在所请求的服务类型勾选: <input type="checkbox"/> 调解 <input type="checkbox"/> IEP 促成 <input type="checkbox"/> GIEP 促成 <input type="checkbox"/> IFSP 促进 (早期干预) | | |

学生信息

| | |
|----------|------|
| 姓: | 名: |
| 出生日期: | 特殊性: |
| 学校/课程名称: | |

家长/监护人信息

| | |
|-----------|------------------|
| 家长/监护人姓名: | 第二位家长或不与学生同住的家长: |
| 地址: | 地址: |
| 家庭电话: | 家庭电话: |
| 工作电话: | 工作电话: |
| 手机: | 手机: |

| | |
|-------|-------|
| 电子邮件： | 电子邮件： |
|-------|-------|

对于家长/监护人请求：

父母一方在调解时会由律师代理吗？ 否 是

如果有，请提供以下信息。

| |
|---------|
| 律师姓名： |
| 律师电子邮件： |
| 律师电话： |
| 律师地址： |

当地教育机构（LEA）信息

| | |
|---------------|-------|
| 学区/特许学校/机构名称： | |
| 地址： | |
| 联系人姓名： | 职位名称： |
| 电话： | |
| 传真： | |
| 电子邮件： | |

请提供对有所争议的问题的简要说明，以及针对该问题提出的任何解决方案。

如果您要求任何类型的促成服务，请填写此部分。

IEP/IFSP/GIEP 会议目前安排在：（时间、日期地点）

尚未安排 IEP/IFSP/GIEP 会议。

对于所有请求，如果您想提供其他信息，请在此处填写。

- 对这些服务或其他争议解决选项有疑问的家长可以拨打800-879-2301或717-901-2146联系特殊教育咨询热线。
- 任何有关于新出生至3岁孩子的问题都应致电717-346-9320联系OCDEL。
- 有时，ODR工作人员可能会要求参加任何这些会议以对其服务进行评估。相关的各方将提前通知各方，届时如有任何问题将得到解决。
- 请将此表格的副本以及填写完整的表格邮寄、传真或电子邮件至争议解决办公室：

6340 Flank Drive, Harrisburg, PA 17112-2764
717-901-2145 • Toll Free 800-222-3353（仅限宾州）
传真：717-657-5983 TTY用户：宾州转至711
电子邮件：odr@odr-pa.org