

DIRECT REQUEST FOR MEDIATION

I am requesting mediation with my child's school district in order to resolve issues involving my child with a disability. Please contact the district on my behalf.

Date: _____

Child's name: _____

Child's grade: _____

Child's school and district of attendance: _____

Parent (print name): _____

Parent signature: _____

Address: _____

City, state and zip code: _____

Phone number(s): _____

Please mail and/or fax to:
Ohio Department of Education
Office for Exceptional Children
Mediation Coordinator
25 South Front Street, Mail Stop 202
Columbus, OH 43231-4183
Phone: (614) 728-1113
Fax: (614) 728-1097