NORTH CAROLINA EXCEPTIONAL CHILDREN MEDIATION REQUEST FORM

I. STUDENT INFORMATION

- Student's Name: _____ Student's Grade: _____
- Student's Date of Birth: _____ Student's School:_____
- Area of Eligibility:_____ School System/Charter:_____

II. BACKGROUND INFORMATION

Please provide requested information. Enter N/A (not applicable) where appropriate.

- Date(s) of previous mediations: _____
- Date of complaints filing: _____
- Nature of the disagreement:_____
  _____
  _____
  _____
  _____
  _____
  _____
  _____
  _____
  _____
- For parent, adult student or interested party: Did you notify the school of the initiation of this request? _____If so, who was the person notified? _____
  When? _____ How was the person notified? _____

  For Local Education Agency (LEA): Did you notify the parent of the initiation of this request? _____ If so, who was the person notified? _____ When? _____
  How was the person notified? _____

III. COMPLETE THIS SECTION ONLY IF DUE PROCESS HEARING HAS BEEN REQUESTED: CASE#:_____

Date of due process hearing request:_____

Date of expedited hearing request:_____

Regulations permit both the parent and school district to agree that mediation will be used instead of a resolution session or may be the outcome of the resolution session. Please initial here if both parties agree.

Parent:_____ **School District Representative:_____**

*****Must include the resolution meeting form with this request*****

IV. **CONTACT INFORMATION:**

Must include names and contact information for both parties; Lack of information may delay the process

SCHOOL/LEA REPRESENTATIVE	PARENT/GUARDIAN
Name: _____ Mailing Address: _____ _____ Phone Number: _____ Email Address:_____	Name: _____ Mailing Address: _____ _____ Phone Number: _____ Email Address: _____
ATTORNEY FOR LEA, if applicable: Name:_____ Address:_____ Phone Number:_____ Email:_____	**ATTORNEY FOR PARENT,** if applicable: Name:_____ Address:_____ Phone Number:_____ Email Address:_____

V. **SUPPORT NEEDS**

Translation Needs (Please specify)

Interpreter Needs (Please specify)

Accessibility Needs (Please specify)

V. **SUBMISSION INFORMATION**

Name of individual completing this request form:

Print Name:_____

Signature:_____ Date:_____

SEND FORM TO:

Mediation Coordinator
Exceptional Children's Division
North Carolina Department of Public Instruction
mediation@dpi.nc.gov
Fax Number: (919)807-3755