



Student Information

Name:		Area(s) of Eligibility:	
Date of Birth:		School:	
Grade:		Local Education Agency(LEA):	

Background Information
Please provide the requested information. Enter "N/A" (Not Applicable) where appropriate.

Date(s) of previous mediations:		Date filed State Complaint:	
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Nature of the dispute:

For parent, adult student or interested party:
 Did you notify the LEA of this request for mediation? Yes No
 If yes, who was the person notified? _____ When? _____
 How was the person notified? _____

For Local Education Agency (LEA):
 Did you notify the LEA of this request for mediation? Yes No
 If yes, who was the person notified? _____ When? _____
 How was the person notified? _____

Due Process Petition

Complete this section only if Due Process has been requested.

Case Number:		Date of expedited hearing request:	
Date of Due Process request:			
<i>Regulations permit both the parent and LEA to agree that mediation will be used instead of a resolution session or may be the outcome of the resolution session. Please initial below if both parties agree to mediation. **The Resolution Meeting Form must be included with this request.**</i>			
Parent (initials):		LEA Representative (initials):	

Contact Information

Must include names and contact information for both parties. Missing information may delay the process.

LEA Representative		Parent/Guardian	
Name:		Name:	
Mailing Address:		Mailing Address:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
Attorney for LEA , if applicable:		Attorney for Parent , if applicable:	
Name:		Name:	
Mailing Address:		Mailing Address:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	

Support Needs

Please describe below.

Translation	
Interpreter	
Accessibility	

Submission Information

Name of individual completing this request form:

Print Name:			
Signature:		Date:	

This form must be completed and sent to:

NCDPI – EC Division
Attn.: Mediation Coordinator
mediation@dpi.nc.gov
Fax: (919)807-3755