# 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: |  |
| Nature of the dispute: |
| **For parent, adult student or interested party:**Did you notify the LEA of this request for mediation? Yes NoIf yes, who was the person notified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How was the person notified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For Local Education Agency (LEA):**Did you notify the parent or other party of this request for mediation? Yes NoIf 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: |  |  |
| *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.\*\**** |
| 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