

DISTRICT REQUEST FOR MEDIATION OR FACILITATION

Date: _____

I want [mediation](#) to resolve a specific special education disagreement with a family

I want a [facilitated team meeting](#) to develop an appropriate plan for a student and help us communicate effectively.

Child's Name: _____ Child's Date of Birth: _____

Child's School District of Residence: _____

Child's District/Building of Attendance: _____

Parent's Name: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number(s): _____

Email Address: _____

District Representative's Name: _____

Phone Number(s): _____

Email Address: _____

I would like this meeting to be: In-Person Virtual No Preference

Please mail or email to:
Ohio Department of Education
Office for Exceptional Children
Mediation Coordinator
25 South Front Street
Columbus, OH 43215
Email: OECMediationFacilitation@education.ohio.gov