Section 504 Request for Mediation/Hearing

This form is intended to be used if a parent or guardian or student 18 years of age or older wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of the student.

Name of person requesting mediation/hearing: _______________________________________

Relationship to student: ________________________________________________________________

Address: _________________________________________________________________________

Phone #: _________________________________________________________________________

Fax #: ___________________________________________________________________________

I/we request a _________________________ / _________________________ (please circle) concerning:

__________________________, __________________________, who resides at

(Name of student)                  (Date of birth)

________________________________ and attends _____________________________.

(Address of student)                                      (Name of school)

The date of the Section 504 meeting at which the parties failed to reach agreement: __________

Description of the issues in dispute between the parties regarding the identification, evaluation or educational placement of the student:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

________________________________          _________________

Signature of Parent/Guardian           Date