



Illinois State Board of Education

100 North First Street, N-253
Springfield, Illinois 62777-0001

MEDIATION REQUEST FORM

SPECIAL EDUCATION DEPARTMENT

Instructions: Mediation is a voluntary process that requires the agreement of both the parent and school district to participate. Requests may be initiated by either the district or parent/guardian/surrogate parent/adult student.

Please provide the following information in order to initiate a request for mediation. Unknown or not applicable sections should be marked as such. Requests may be submitted via U.S. Mail, E-Mail, or Facsimile.

This completed form should be submitted to:

Mediation Coordinator
Illinois State Board of Education
Special Education Department
100 North First Street, N-253
Springfield, IL 62777-0001

Facsimile: (217)782-0372
E-Mail: scolegro@isbe.net
Telephone assistance:
(217) 782-5589 or (866) 262-6663
TTY/TDD: (217) 782-1900

SECTION I – STUDENT INFORMATION

| | | |
|--------------------|-------------------|----------------------------|
| STUDENT FIRST NAME | STUDENT LAST NAME | DATE OF BIRTH (mm/dd/yyyy) |
|--------------------|-------------------|----------------------------|

DISABILITY CATEGORY(IES): *(Check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Language Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deafness-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Unknown |

SECTION II – PARENT INFORMATION

| | |
|--|---|
| PARENT/GUARDIAN/SURROGATE PARENT NAME | DAY TELEPHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| ADDRESS (Street, City, State, Zip Code) | E-MAIL |
| NAME OF PARENT'S ATTORNEY/ADVOCATE (If applicable) | TELEPHONE (Include Area Code) |
| ADDRESS (Street, City, State, Zip Code) | E-MAIL |

SECTION III – SCHOOL DISTRICT INFORMATION

| | |
|--|-------------------------------|
| DISTRICT NAME AND NUMBER | TELEPHONE (Include Area Code) |
| ADDRESS (Street, City, State, Zip Code) | E-MAIL |
| PRIMARY DISTRICT CONTACT NAME/TITLE | TELEPHONE (Include Area Code) |
| ADDRESS (Street, City, State, Zip Code) (If different from district) | E-MAIL |
| NAME OF DISTRICT ATTORNEY (If applicable) | TELEPHONE (Include Area Code) |
| ADDRESS (Street, City, State, Zip Code) | E-MAIL |

SECTION IV – DESCRIPTION OF THE ISSUE(S)

Brief description of the dispute and the resolution you are seeking:
(Do not go beyond space provided. Submit additional pages if necessary.)

SECTION V – REQUESTOR INFORMATION

| | |
|-------------------------------------|---|
| NAME OF PERSON COMPLETING THIS FORM | DAY TELEPHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| E-MAIL | |

IDENTIFY YOUR ROLE:

Parent/Guardian/Surrogate Parent Adult Student Parent's Advocate Parent's Attorney District District's Attorney

Have both parties agreed to state-sponsored mediation? Yes No

Date mediation request completed/submitted to the Illinois State Board of Education: _____