



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, email, or fax.

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

Fax: (217) 782-0372
Email: statedmediation@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)
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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)	EMAIL
NAME OF PARENT'S ATTORNEY/ADVOCATE (If applicable)	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL

SECTION III – SCHOOL DISTRICT INFORMATION

DISTRICT NAME AND NUMBER	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL
PRIMARY DISTRICT CONTACT NAME/TITLE	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code) (If different from district)	EMAIL
NAME OF DISTRICT ATTORNEY (If applicable)	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL

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
EMAIL	
IDENTIFY YOUR ROLE: <input type="checkbox"/> Parent/Guardian/Surrogate Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Parent's Advocate <input type="checkbox"/> Parent's Attorney <input type="checkbox"/> District <input type="checkbox"/> District's Attorney	
Have both parties agreed to state-sponsored mediation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date mediation request completed/submitted to the Illinois State Board of Education: _____	