



Request for Special Education Mediation

Use the Tab Key to move to each part of the form

Mediation Requested by: System _____ or Parent _____

Is mediation request connected to a formal complaint _____ or due process hearing request _____

| | | |
|---|--------------------|----------------------------|
| Date of Request: _____ | Case Number: _____ | (Case # assigned by GaDOE) |
| Name of School System Contact Person: _____ | | |
| Phone Number: _____ | Fax #: _____ | |
| Email Address: _____ | | |
| School System: _____ | | |
| System Address: _____ | | |
| City: _____ | State: _____ | Zip code: _____ |
| Local School: _____ | | |

| | |
|-----------------------|------------------------------|
| Parent Name: _____ | Home Phone #: _____ |
| Street Address: _____ | |
| City: _____ | State: _____ Zip code: _____ |
| Cell Phone #: _____ | Work Phone #: _____ |
| Email Address: _____ | |

| | |
|--|----------------------|
| Name of Student: _____ | Date of Birth: _____ |
| GTID #: _____ The GTID # will be provided by the Local School System | |

Is/Are parent(s) represented by an Attorney? YES ____ / NO ____ OR an Advocate? YES ____ / NO ____
(Attorney and/or Advocate is not required.)

If so, please provide name, address, phone and fax number and email address of representative:

| | | |
|----------------------|--------------|-----------------|
| Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip code: _____ |
| Phone #: _____ | Fax #: _____ | |
| Email Address: _____ | | |



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Please describe the issue(s) to be mediated. *(If more space is needed, please use additional paper.)*

This form should be forwarded to the Georgia Department of Education from the Local School System. The Local School System must be advised of a request for mediation as both parties must agree to mediate before a mediator may be assigned.

Georgia Department of Education
Division of Special Education Services & Supports
Phone Number: 404-657-9974