



Special Education Mediation Request

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

Mediation Requested by: District or Parent

Mediation Request is: a general request; related to formal complaint; or
 related to due process hearing request

Date of Request: _____ Case Number: _____ (Case # assigned by GaDOE)
Parent Name: _____ Home Phone #: _____
Street Address: _____ Fax #: _____
City: _____ State: _____ Zip Code: _____
Cell Phone #: _____ Work Phone #: _____
Email Address: _____

Full Name of Student: _____ Date of Birth: _____
GTID #: _____ The GTID # will be provided by the local school district
Current School: _____

School District: _____ Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Email Address: _____

Parent Representative (if any): Advocate Attorney
Representative Name: _____
Street 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.)*

The parent agrees to participate in mediation: **YES** **NO**

(Signature of Parent)

The school district agrees to participate in mediation: **YES** **NO**

(Signature of School District Designee)

The local school district and the parent must be advised of a request for mediation and both parties must agree to mediate before a mediator will be assigned. This form should be forwarded to the Georgia Department of Education from the local school district.

Submit the signed Special Education Mediation Request form to:

Division for Special Education Services and Supports
205 Jesse Hill Jr. Drive, SE, 1562 Twin Towers East
Atlanta, Georgia 30334

eFax: 770-344-4458 or Email: spedhelpdesk@doe.k12.ga.us

Electronic submissions are strongly encouraged

For questions, contact the Special Education Helpdesk at (404) 657-9968 or
spedhelpdesk@doe.k12.ga.us