

CONNECTICUT STATE DEPARTMENT OF EDUCATION

BUREAU OF SPECIAL EDUCATION

DUE PROCESS UNIT

450 Columbus Blvd., Suite 604

P.O. Box 2219

Hartford, CT 06145-2219

dueprocess.sde@ct.gov

860-713-6928; FAX 860-713-7153

Request for Mediation

While not required, the requested information will assist this office in assigning the mediation.

We request a mediation concerning:

(Name of Child)

(Date of Birth)

(Address of Child)

(District/Name of School)

(Child's Disability)

Parent/Parent Representative Signature Date

District/District Representative Signature Date

Parent/Parent Representative email

District/District Representative email

Parent/Parent Representative Telephone #

District/District Representative Telephone #

Description of the nature of the issues in dispute, including related facts:

Please add additional pages as needed

Proposed resolution of the issues to the extent known and available at this time.

Please add additional pages as needed

****Please forward to the above address and, as appropriate, the parents or the school district.****