

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION
DUE PROCESS UNIT**

P. O. Box 2219, Unit 604

Hartford, Connecticut 06145-2219

carol.leddy@ct.gov or marvjean.schierberl@ct.gov

or FAX# (860) 713-7153

Tel. (860) 713-6928

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.****