

Section 504 Request for Mediation/Hearing

This form is intended to be used if a parent or guardian wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of his/her child.

Name of person requesting mediation/hearing: _____

Address: _____

Phone #: _____

Fax #: _____

I/we request a **MEDIATION / HEARING** (please circle) concerning

_____, _____, who resides at
(Name of student) (Date of birth)

_____ and attends _____.
(Address of student) (Name of school)

The date of the Section 504 meeting at which the parties failed to reach agreement: _____

Description of the issues in dispute between the parties:

Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

Signature of Parent/Guardian

Date