

Alternative Dispute Resolution in Schools (ADR-S) Service Request Form

Student:	DOB:	Grade:	Date:
School District:	Scho	ool of Attendance:	
School of Residence:		_ Initial Assessme	ent: Yes / No
Primary Eligibility:	Secondary Eligibility (if applicable):		applicable):
ADR-S Service Compo	nent Request:		
Phone Consultation Collaborative Confe Facilitated IEP (Con SELPA Level Media Form.pdf	erence Inplete additional	,	
Parent/Guardian Name(s):	Phone	Number:
Parent/Guardian Email(s)):		
District Representative: _		Phone	Number:
District Representative E	mail:		
Proposed Meeting Date:			

Please detail Concerns and/or Disagreements	Please Detail Resolution Ideas:	
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Types of Strategies Attempted to Resolve Concerns and/or Disagreements:		