



Ventura County SELPA

SPECIAL EDUCATION LOCAL PLAN AREA

Emily Mostovoy-Luna • Associate Superintendent

Request for Alternative Dispute Resolution-Mediation Session with SELPA Coordinator

Student: _____ DOB: _____ Grade: _____ Date: _____

School District: _____ School of Attendance: _____

School of Residence: _____ Initial Assessment: Yes/No Eligibility: _____

IEP Date: _____ Date of Last IEP Signed: _____

Parent(s)/Guardian Name(s): _____

Home Address: _____ Parent Email: _____

Phone: Home: () _____ Work: () _____ Cell: () _____

Request an Interpreter: Yes No Language Requested: _____

List the concerns that are in dispute from the IEP and any other disputes parent or district would like to resolve with regard to Student's special education programming. Please attach a copy of the IEP in which the dispute arose and pertinent assessment reports. Please also list the desired outcomes.

1. _____

2. _____

3. _____

4. _____

I request to proceed through Alternative Dispute Resolution-Mediation and have been provided a copy of the ADR Procedural Handbook and the Facilitator's Code of Ethics.

Parent/Guardian/District Signature: _____ Date: _____

For SELPA Use Only:
ADR-Mediation Request Received On: _____
ADR Meeting Date: _____ Meeting Location: _____
Alloted Hours: _____
Meeting Attendees and Role:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Additional Notes: