

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION
DUE PROCESS UNIT
P. O. Box 2219
Hartford, Connecticut 06145-2219 or
carol.leddy@ct.gov; maryjean.schierberl@ct.gov; gail.mangs@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.****