STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION

REQUEST FOR MEDIATION

To: Director

Office of Special Education (OSE)
NJ Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
Email: osepdisputeresolution@doe.nj.gov
Phone: 609-376-9061

PLEASE NOTE: In accordance with IDEA 2004, you must complete the information requested as fully and accurately as possible. You must identify the specific reason(s) for the disagreement concerning any of the following: identification; evaluation; eligibility; classification; placement; provision of programs and/or related services for your child. You must also identify a proposed resolution of the problem to the extent known and available to the party at the time of filing.

The ***entire request*** must be submitted to the OSE and one copy of the entire request must be also submitted to the school district responsible for your child. The request may be submitted to the OSE by email or through mail.

PLEASE NOTE: You may attach additional pages to describe the nature of the problem and proposed resolution in PDF form to the email. Do not submit exhibits to OSE. Adobe Acrobat Reader is a document reader software that is available for free download at: https://get.adobe.com/reader/.

<table>
<tr><td rowspan="4">*Name of Parent/Guardian(s)</td><td rowspan="4">*Address City, State, Zip Code</td><td>Email</td></tr>
<tr><td>*Primary Phone</td></tr>
<tr><td>Alternate Phone</td></tr>
<tr><td></td></tr>
<tr><td>* Name of student</td><td>Address of student (if different than parent’s address)</td><td>*Date of Birth

Note if the student is 18 or older, an adult authorization or guardianship order will be required unless the adult student is filing this request.</td></tr>
</table>

*Items marked with an asterisk are required.

*** District responsible for student**	**Name of County**	**Name and location of school student is currently attending**

Please check if you will be represented by either an ☐ Attorney, or an ☐ Advocate. If so, please provide contact information below.

Name of Attorney or Advocate	**Address City, State, Zip Code**	**Email**
		Phone

Does the student have an IEP? ☐ **Yes** ☐ **No**

Does the Student have a 504 Plan? ☐ **Yes** ☐ **No**

***Provide a description of the nature of the problem and any facts related to the problem.**

*Items marked with an asterisk are required.

***Provide a description of how this problem could be resolved.**		
☐ *** A copy of this request was sent to the school district responsible for the student.**		
***Individual request was sent to**	***Position/Title**	***Address**
***Signature of Parent/Guardian**		***Date**

*Items marked with an asterisk are required.