
Request for Special Education Mediation

Student Information

Name:	
Date of Birth:	
Address:	

Parent, Guardian, or Surrogate Parent Information

Name:			
Address:			
Phone Number(s):	(home)	(cell)	(work)
Email:	(optional)		

School Information

School District:	
School Student Attends:	
Is there a pending Due Process Hearing or Complaint on these issues? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, provide Docket or Complaint Number:	

Attorney/Advocate Information (if applicable)

Name:			
Capacity:	<input type="checkbox"/> Attorney, Bar Number:	<input type="checkbox"/> Advocate	
Address:			
Phone:	(office)	(cell)	(fax)
Email:			

Brief Summary of the Issues for Mediation: You may add additional pages if necessary.

This request is being filed by:

- Parent, Guardian, Surrogate Parent or Adult Student School District or Other Local Education Agency (LEA)

Signature

Date

MAIL OR FAX TO: Texas Education Agency
 Office of Legal Services
 1701 North Congress Avenue
 Austin, Texas 78701
 FAX: 512-463-6027

and School District or Charter School