

Florida Department of Education
Bureau of Exceptional Education and Student Services
Dispute Resolution

Request for Exceptional Student Education (ESE) Mediation

Directions: This form should be completed by individuals who wish to request a state-sponsored ESE mediation. Please complete and sign the form, forward it to the Bureau of Exceptional Education and Student Services, and retain a copy for your records.

Student Information

Last: _____ First: _____ Middle Initial: _____

Date of Birth – Month: _____ Day: _____ Year: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Exceptionalities: _____

School District in Which the Student is Enrolled: _____

Name of Student's School: _____ Grade: _____

Parent Guardian Information

Last: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to Student: _____

Parent Authorization

Have you been in contact with an advocate or attorney? Yes No

Name and Agency of Advocate or Attorney: _____

Telephone: _____ Email: _____

The Florida Department of Education and the advocate or attorney may share information.

Parent Guardian Signature

Date

Need for Interpreter

Please complete this section if an interpreter is needed in order for an individual to participate in the mediation.

Person Needing Interpreter Services: _____

Language (e.g., Spanish, Haitian-Creole or sign language): _____

Statement of Issues

Please use the space below to describe the ESE issues that you wish to mediate.

District Contact Information (to be completed and submitted by district personnel only)

Name of School District Representative: _____

Title: _____

Telephone: _____ Email: _____

Mailing Address of School District's Central Office:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please forward this complaint form to your **exceptional student education school district office**

AND

via email, fax or mail to the **Bureau of Exceptional Education and Student Services:**

Email: BEESScomplaints@fldoe.org

Fax: 850-245-0953

Mail: Leanne Grillot, Senior Educational Program Director

Florida Department of Education

Bureau of Exceptional Education and Student Services

325 West Gaines Street, Suite 614

Tallahassee, FL 32399-0400

Please call 850-245-0475 if you have any questions.