



MEDIATION REQUEST FORM

America Samoa Department of Education

Purpose

This model form may be used by a parent or a public agency to request mediation regarding disputes under the Individuals with Disabilities Education Act (IDEA). Mediation is voluntary on the part of the parties.

Instructions

Complete this form and deliver by mail, electronically (email), or hand-deliver it to the ASDOE Special Education Division. This form is optional. Contact information for the ASDOE Special Education Division is located at the end of this form.

To Be Filled By the School

Did you notify the parent or adult of the initiation of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, include date of notification:	
Person notified:	Method of Notification:

ASDOE Special Education Division Contact Information

<p>ASDOE Contact: Leilani Maifea, Compliance Officer</p> <p>Address: ASDOE Special Education Division Fagaalu, American Samoa 96799</p> <p>Phone Number: 684-633-1323 or 684-633-4789</p> <p>Email: asdoe.speddr@doe.as</p>
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