

WI Special Education Mediation System Intake Information

Case #: WSEMS /DPI

Date:

Intake screener:

Form: Phone Mail Other

Child's Name/DOB:

Does child reside at home with both parents?

Child's disability:

Has your child been involved in any kind of specialized education program? No Yes

If so, which?

Party 1 (Requestor /Joint Request):

Name:

Address:

Phone:

School District: School:

Represented:

E-mail address:

Party 2:

Name:

Address:

Phone:

Represented:

E-mail address:

Party 3:

Name:

Address:

Phone:

Represented:

E-mail address:

Nature of Inquiry:

Other Action Taken to Resolve Issues:

Are there any other circumstances about your child we should be aware of?

Action Taken by WSEMS (check all that apply):

Information Only

Information Sent:

Mediation Request:

File opened:

Referred to:

Mediator Asked/Date:

Mediator Assigned/packet sent/Date: