

# 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):**

- |  |   |
|--|---|
| <input type="checkbox"/> Information Only                    | <input type="checkbox"/> Information Sent:    |
| <input type="checkbox"/> Mediation Request:                  | <input type="checkbox"/> File opened:         |
| <input type="checkbox"/> Referred to:                        | <input type="checkbox"/> Mediator Asked/Date: |
| <input type="checkbox"/> Mediator Assigned/packet sent/Date: |   |