



Contra Costa SELPA Alternative Dispute Resolution (ADR) Request Form

New Request / Continuation Request (complete annually)

SECTION 1: STUDENT/GUARDIAN INFORMATION		
Student Name:	DOB:	Grade:
School of Attendance and District:		
Parent/Guardian Name:		Home Phone:
Parent/Guardian Email:		Cell:
Student's Primary Eligibility:	Student's Secondary Eligibility:	Student's Ethnicity:

SECTION 2: DISTRICT INFORMATION	
District:	Representative / Title or Role:
Best Contact Number:	Email:

SECTION 3: REASON FOR REQUEST	SECTION 4: TYPE OF SUPPORT REQUESTED
Provide reason for ADR request.	<input type="radio"/> Ongoing Consult/Coaching <input type="radio"/> Facilitated IEP

SECTION 5: REQUESTING PARTY		
<input type="checkbox"/> District	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other
If Request is for Facilitated IEP, does Parent have: <input type="checkbox"/> Attorney <input type="checkbox"/> Advocate <input type="checkbox"/> N/A		Name:
If Request is for Facilitated IEP, does District have: <input type="checkbox"/> Attorney <input type="checkbox"/> Advocate <input type="checkbox"/> N/A		Name:
Have all parties agreed to participate in ADR? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Return the Completed Form to Justine Melendez, ADR Coordinator, Contra Costa SELPA

Address: 2520 Stanwell Drive, Ste. 270
Concord, CA 94520

Phone: (925) 827-0949 Ext. 24

Fax: (925) 825-1124

Email: jmelendez@ccselpa.org

The CCSELPA ADR Coordinator will review the request and assign it to a SELPA team member to follow up with all parties. Thank you for your interest and willingness to participate in ADR.

For Internal Use Only:

Date Received by CCSELPA: _____

Assigned To: _____