

To be used if child-specific

Request for AEA Resolution Facilitator Process

I, _____, am requesting an AEA Resolution Facilitator Process.

Child's name (if appropriate)

Parent's name

Address of child's residence

Parent's address

Child's resident district, school, and AEA
(Also, the district child attends, if different)

Parent's phone number

Is there another parent at another address with parental rights? ___Yes ___No

Describe the following (use additional sheets of paper if more space is needed).

1. The nature of your concern:

2. The facts relating to your concern:

3. Your proposed resolution of the concern:

4. What have you already tried to resolve your concern?

Send the completed form to: AEA Resolution Facilitator Coordinator