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    Parent’s phone number
(Also, the district child attends, if different)

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