Florida Department of Education  
Bureau of Exceptional Education and Student Services  
Dispute Resolution  

Request for Exceptional Student Education (ESE) Mediation  

Directions: This form should be completed by individuals who wish to request a state-sponsored ESE mediation. Please complete and sign the form, forward it to the Bureau of Exceptional Education and Student Services, and retain a copy for your records.  

Student Information  
Last: ___________________________ First: ___________________________ Middle Initial: ________  
Date of Birth – Month: _______________ Day: ___________ Year: ___________  
Street Address: ___________________________  
City: ___________________________ State: ________ Zip Code: ___________  
Exceptionalities: _____________________________________________________________  
School District in Which the Student is Enrolled: ___________________________  
Name of Student’s School: ___________________________ Grade: ___________  

Parent Guardian Information  
Last: ___________________________ First: ___________________________ Middle Initial: ________  
Street Address: ___________________________  
City: ___________________________ State: ________ Zip Code: ___________  
Telephone Numbers:  
Home: _______________ Cell: _______________ Work: _______________  
Relationship to Student: ___________________________ Parent/Guardian’s email: ___________________________  

Parent Authorization  
Have you been in contact with an advocate or attorney?  
☐ Yes  ☐ No  
Name and Agency of Advocate or Attorney: _____________________________________________  
_________________________________________  
Telephone: _______________ Email: _____________________________________________  

The Florida Department of Education and the advocate or attorney may share information.  

Parent Guardian Signature ___________________________ Date ___________________________  

Parent Guardian Signature  

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Need for Interpreter

Please complete this section if an interpreter is needed in order for an individual to participate in the mediation.

Person Needing Interpreter Services: ___________________________________________

Language (e.g., Spanish, Haitian-Creole or signlanguage): _______________________

State Complaint or Due Process

Is your request tied to a state complaint or due process?  □ Yes  □ No

Statement of Issues

Please use the space below to describe the ESE issues that you wish to mediate.

District Contact Information (to be completed and submitted by district personnel only)

Name of School District Representative: _______________________________________

Title: ____________________________________________

Telephone: __________________ Email: __________________

Mailing Address of School District’s Central Office:

Street Address: ____________________________________________

City: __________________ State: _______ Zip Code: ____________

Please forward this complaint form to your exceptional student education school district office AND via email, fax or mail to the Bureau of Exceptional Education and Student Services:

Email: BEESScomplaints@fldoe.org

Mail: Victoria Gaitanis, Senior Educational Program Director

Florida Department of Education

Bureau of Exceptional Education and Student Services

325 West Gaines Street, Suite 614

Tallahassee, FL 32399-0400

Please call 850-245-0475 if you have any questions.