

West End SELPA
Referral for Ombudsman Services

Date: Click or tap to enter a date.

DOB: Click or tap to enter a date.

Student's Name: Click or tap here to enter text.

Grade: Click or tap here to enter text.

Student's Primary Disability: Choose an item.

Parent/Guardian: Click or tap here to enter text.

Phone: Click or tap here to enter text.

District: Click or tap here to enter text.

School: Click or tap here to enter text.

Party requesting services: Parent District: Click or tap here to enter text.

Name and Role of District Contact: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Area of Concern(s): Check all that apply)

Eligibility Placement Services Timelines

Assessment Failure to hold IEP Implementation of IEP

Complaint Filed Other: Briefly Explain: Click or tap here to enter text.

Parent Supports:

Parent conferenced with the principal or special education staff

Signature of Special Education Administrator/Designee

Date

District Personnel: Please email this form Attn: Ombudsman Request, Sharon Neault to karen.johnson@sbcss.net. The Ombudsman will notify the district contact person within 48 hours of receipt of this form.

Ombudsman Staff Only

Ombudsman Intaker: _____

Ombudsman Case Manager: _____

Date form Received: _____

Special Education Administrator Contacted: _____