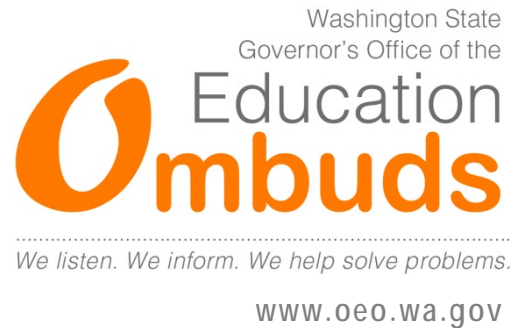


Request for Ombuds Services

Please fill out this form and mail it or fax it to
The Office of the Education Ombuds (OEO)
FAX # 844-886-5196.

All of the information you provide is kept confidential.

Today's Date: _____



1. Have you contacted OEO before? Yes No

2. How did you hear about the Office of the Education Ombuds?

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Arc: _____ | <input type="checkbox"/> Blog: _____ | <input type="checkbox"/> Board of Education: _____ |
| <input type="checkbox"/> Community Professional: _____ | <input type="checkbox"/> Doctor: _____ | |
| <input type="checkbox"/> ESD or School District: _____ | <input type="checkbox"/> Facebook: _____ | |
| <input type="checkbox"/> Governor's Office: _____ | <input type="checkbox"/> Legislator's Office: _____ | |
| <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> OEO website: _____ | |
| <input type="checkbox"/> OEO Training, Workshop: _____ | <input type="checkbox"/> OSPI: _____ | |
| <input type="checkbox"/> Other Parent: _____ | <input type="checkbox"/> Other website: _____ | |
| <input type="checkbox"/> School District Staff of Official: _____ | <input type="checkbox"/> Special Education Ombuds | |
| <input type="checkbox"/> Special Education PTA: _____ | <input type="checkbox"/> Teacher: _____ | |
| <input type="checkbox"/> Team Child: _____ | <input type="checkbox"/> Television: _____ | |
| <input type="checkbox"/> Twitter: _____ | <input type="checkbox"/> Other: _____ | |

3. What is your relationship to the student involved in the case?

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Parent (<input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/> Step) | <input type="checkbox"/> Teacher | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Community professional | <input type="checkbox"/> Principal | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Legislator | <input type="checkbox"/> Relative, specify _____ | |
| <input type="checkbox"/> I am the student | <input type="checkbox"/> Other: _____ | | |

4. Your first name: _____ Last name: _____
 Ms. Mrs. Mr.

5. Your street address: _____
City: _____ State: _____ Zip Code: _____ County: _____

6. Primary phone number: _____ Home Cell Work Other
Best time to call you (Between 8 am-5 pm, M-F): _____
Alternative number: _____ Home Cell Work Other

7. Email address: _____ Fax number: _____

8. Do you need an interpreter? Yes. No If yes, for what language? _____

9. Student first name: _____ Last name: _____

10. Student gender: Male Female

11. Is the student's address the same as yours? Yes No If no, please provide the student's address: _____ City: _____ Zip Code: _____

12. Name of the school: _____ School District: _____

13. What grade is the student in? _____

14. Is the student attending school? Yes No

If No, how long has the student been out of school? _____

15. Does the student have a disability? Yes: No If Yes, name of the disability _____

16. Does the student need an interpreter? Yes. No For what language? _____

17. Is the student receiving Special Education services? Yes No Not Sure
If yes, does the student have an IEP? Yes No Not Sure

18. Does the student have a 504 Plan? Yes No Not Sure

The information gathered in Sections 19 through 21 is for statistical purposes only.

19. Is the student part of the Free and Reduced Meals program? Yes No

20. Your Race/Ethnicity:

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Arab, specify: _____ | <input type="checkbox"/> Asian, specify: _____ |
| <input type="checkbox"/> Bi-Racial | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Native/Indigenous, specify: _____ | <input type="checkbox"/> Pacific Islander, specify: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> Decline to identify |
| <input type="checkbox"/> African, specify _____ | <input type="checkbox"/> Other, specify: _____ |

21. Student's Race/Ethnicity:

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Arab, specify: _____ | <input type="checkbox"/> Asian, specify: _____ |
| <input type="checkbox"/> Bi-Racial | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Native/Indigenous, specify: _____ | <input type="checkbox"/> Pacific Islander, specify: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> Decline to identify |
| <input type="checkbox"/> African, specify _____ | <input type="checkbox"/> Other, specify: _____ |

22. Briefly describe the problem:

23. What would you like OEO to do?

Permission to contact the school form

It may be necessary for the Education Ombuds to contact the school and discuss relevant educational information in the process of resolving your concern. OEO will send this form by e-mail or mail to you with a self-stamped return envelope. When you receive it, please sign and return this form to OEO by mail, e-mail or by FAX at: 844-886-5196.

Office of the Education Ombuds

3518 Fremont Ave. N., #349 Seattle, WA 98103
Phone: 1-866-297-2597 - Fax: 844-886-5196

<http://oeo.wa.gov>
oeoinfo@gov.wa.gov

