



Partner Stipend Form

Please mail to: Or PTI
2288 Liberty St. NE Salem OR 97301

Date Sent: _____

Partner's Name: _____

Are you a Portland Public School Partner: _____

Type of Meeting (Please Circle) IEP Transition Mediation

Family Release

I _____ have agreed to release personal information, including my name, phone number, e-mail address, and other information about my child relating to the IEP, Transition or Mediation process to Oregon Parent Training and Information Center (OrPTI) & to any Partner assigned by OrPTI.

Parent Name/Signature: _____

Student Name/Signature (if 18 or older): _____

Address: _____

Phone Number: _____ Email: _____

Partner Mailing Address: _____ City _____ Zip: _____

Date & Time of Meeting: _____

Length of Meeting: _____

How far did you drive: _____

Ethnicity of child (circle):

African-American

Asian

Hispanic

Native American

Caucasian

Other

What were the main issues discussed at the meeting?

_____ Initial here if you want to donate your stipend to the OrPTI as a tax-deductible donation.

Partner Signature: _____