



Request For Assistance

Thank you for visiting the Office of the Student Advocate! We look forward to working with you to navigate the District of Columbia's complex educational landscape.

Fields marked with a red star (*) are required, but please fill out as much as possible. After you have completed this form, please email the form to student.advocate@dc.gov, fax it to (202) 741-0879, or mail the form and any relevant documentation to our office: 441 4th Street Northwest, Suite 723N, Washington, D.C. 20001. We will respond to your request within 48 hours business hours.

Name: * _____

Phone: * _____

Ward: * _____

Email: * _____

Do you need language or interpretation services? *

Yes

No

How did you hear about our office?

SBOE website/our website

Councilmember

SBOE Referral

PTA/Community Organization

OSSE

Social Media

Another DC government agency

Office of the Student Advocate

School newsletter

Training/Workshop

School referral

Mayor's office

Community meeting

Community newsletter

Public hearing

Parent

Other: _____

If you were referred to our office, whom did you receive a referral from? _____

Please identify the topic area for your question or concern *

Academics/Instruction

Homelessness

Adult Education

Language Access (ELL/ESL)

Advocacy/Policy

Literacy

Attendance/Enrollment

Mental Health

Bullying

Mentoring/Tutoring

Communication

Nutrition

Community Engagement

Parent/Family Engagement

Dispute Resolution

Public Schools/Public Charter Schools

Early Childhood

School Choice/Access

Extracurricular Enrichment

Special Education/Disability

Government/Legislative

Student Discipline/Juvenile Justice

Health/Wellness

Student Records



Office of the Student Advocate

State Board of Education of the District of Columbia

441 4th Street, NW ~ Suite 723N ~ Washington, DC 20001 ~ (202) 741-4692

www.sboe.dc.gov/studentadvocate ~ student.advocate@dc.gov ~ Twitter: @DC_Advocate



- Student Safety
- Transportation
- Truancy/Out of School

- Violence/Sexual Assault
- Youth Engagement

What is the school type? *

- DC Public School
- DC Charter School
- Not in school

Other: _____

What is the name of the school? * _____

What issue or question are you seeking assistance with? * _____

If it is deemed by our office that your question or issue can be best addressed through contact and/or collaboration with third parties (this can include District of Columbia Public Schools, Public Charter Schools, Government Agencies, and community organizations) do we have your consent to share your information? *

- I am the parent/guardian/adult student, and I give consent for the Office of the Student Advocate to disclose identifiable information about the student if necessary to address my concern.
- I am the parent/guardian/adult student and I DO NOT give consent for the Office of the Student Advocate to disclose identifiable information about the student.
- I am not the parent/guardian/adult student. The parent/guardian's contact info is below.

Parent/guardian info (if contact isn't parent/guardian or adult student)

Name: _____

Phone: _____

Ward: _____

Email: _____

If it is deemed by our office that your question or issue would be better addressed by a third party, do we have your consent to refer your question, concern, or issue and any related documentation to that third party? This can include District of Columbia Public Schools, Public Charter Schools, Government Agencies, and community organizations. *

- Yes, you have my consent to share any documentation with a third party
- No, you do not have my consent to share any documentation with a third party



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State Board of Education of the District of Columbia**

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