



Special Education Request for Mediation

Indiana Department of Education
Office of Special Education
115 W Washington St
South Tower Ste 600
Indianapolis, IN 46204
Telephone: (317) 233-2131
Toll Free: 1-877-851-4106
Fax: (317) 232-0589

<http://www.doe.in.gov/sites/default/files/specialed/request-mediation-form.pdf>

INSTRUCTIONS: Form may be completed electronically, printed and include a hand written signature of both parties before it can be assigned to a mediator. Please mail or fax a copy to the Office of Special Education.

STUDENT INFORMATION

Name of Student: Address: City:

State: Zip Code: Gender: Date of Birth(M/D/Y): Age: Grade:

Name of Parent/Guardian: Address of Parent/Guardian (if different from student):

City: State: Zip Code: Home Number:

Work Number: Cell Number: Email:

SCHOOL INFORMATION

Name of School Student Attends:

Name of the School Corporation or Charter School:

Address: City:

State Zip Code Telephone Number:

DISPUTE ISSUES

We request that a mediator be assigned to assist in resolving disagreements regarding: **(check all that apply)**

Student's identification and eligibility for services.

Appropriateness of the educational evaluation.

Appropriateness of the student's proposed or current level of special education services or placement.

Provision of a free appropriate public education for the student.

Reimbursement for services obtained by the parent.

School's determination regarding the manifestation of a student's disability 511 IAC 7-44-5(h).

School's decision about student's disciplinary change of placement under 511 IAC 7-44-2.

School's request for a hearing pursuant to 511 IAC 7-44-7 (substantial likelihood of injury to student or others).

Other: (Please list) _____

Comments regarding dispute issues. (Space below is limited to 22 lines)

REASON FOR THE REQUEST (if applicable):

Was a due process hearing requested? Yes No

If yes, Hearing No.: _____

If yes, are you requesting this mediation to take the place of the resolution session? Yes No

Is this mediation request made to resolve a complaint investigation? Yes No If yes, Complaint No.: _____

Our signatures indicate that:

We understand that mediation is **voluntary** and a due process hearing can be requested if agreement is not reached.

We understand that all discussions during the mediation session are **confidential** and may not be used in any subsequent due process hearing or civil proceeding.

The Indiana Department of Education, Office of Special Education will provide a mediator at no direct cost to the participants.

We agree to attempt to reach a resolution in the best interest of the student.

Signature of School Corp. or Charter School Representative

Signature of Parent/Guardian

Printed Name

Date

Printed Name

Date

(OPTIONAL) By initialing this box, we consent to allow Office of Special Education staff to attend the mediation for observational purposes only, as part of the IDOE mediator evaluation process.

School

Parent

Contact Information for School Representative :

Address: City: State: Zip Code

Telephone Number: Fax Number: Email:

NOTE: Form may be completed electronically, but must be printed and must include a hand written signature. Requests received without written signature of both parties will NOT be processed. Mail or fax the completed form (including hand written signatures) to: Fax number - 317/232-0589; Mailing Address - Indiana Department of Education, Office of Special Education, 115 W Washington St., South Tower, Ste 600, Indianapolis, IN 46204.