



Special Education Request for Mediation

www.in.gov/doe/files/special-education-request-mediation

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 Educations.

STUDENT INFORMATION

Name of Student:	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>	Gender:	<input type="text"/>
		Date of Birth(M/D/Y):	<input type="text"/>	Age:	<input type="text"/>
		Grade:	<input type="text"/>		
Name of Parent/Guardian:	<input type="text"/>	Address of Parent/Guardian (if different from student):	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
		Home Number:	<input type="text"/>		
Work Number:	<input type="text"/>	Cell Number:	<input type="text"/>	Email:	<input type="text"/>

SCHOOL INFORMATION

Name of School Student Attends:	<input type="text"/>				
Name of the School Corporation or Charter School:	<input type="text"/>				
Address:	<input type="text"/>	City:	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>	Telephone Number:	<input type="text"/>

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.

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, IGCN 9th Floor, 100 N Senate Ave., Indianapolis, IN 46204.