



Special Education Request for Mediation

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

INSTRUCTIONS: Form may be completed electronically, printed, and signed (handwritten signature). Please send a copy to the Office of Special Education and the opposing party. A mediator will not be assigned until the parent and the school sign the request for mediation.

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:	

In the case of a homeless student as defined by 511 IAC 7-32-46 available contact information for the student is required.

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.
- ☐ Any other dispute involving the 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.

HEARING/COMPLAINT INFORMATION (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.: _____

Are you requesting an extension of time for the complaint investigation to allow time to engage in mediation? Yes 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 handwritten signature. Parents: *Requests received without the signature of the school will be sent to to school for consideration.* School: *Requests received without written signatures of both parties will NOT be processed.* Mail, fax, or deliver the completed form (including handwritten 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.