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| **SAMPLE REQUEST FOR MEDIATION** |
| Mediation is a process used to assist the parent and school district resolve a disagreement. A qualified impartial mediator is assigned by Special Education Programs (SEP) to assist the parties in communicating and developing a legally binding agreement to address the issues. Division of Education Services and SupportsSpecial Education Programs<https://doe.sd.gov/sped/complaints.aspx> For Questions Contact:Dispute Resolution Coordinator(605)773.3678 |

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| **I/WE UNDERSTAND:** |
| I/We request mediation in the matter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child/student’s initials) to try to reach an agreement on some or all of the issues regarding educational services for the child/student. I/We have read and understand the written materials describing mediation services and have been fully informed that the mediator is not providing the parent(s), the school district, or the child/student with legal representation. I/We also understand that the mediator is not providing counseling or therapy services.I/We choose to pursue mediation to try to reach an agreement on some or all of the issues regarding the child/student’s educational program. I/We understand that the mediation process will involve the mediator, acting as a neutral third party, to help develop an agreement that is mutually satisfactory. I/we understand the mediation is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.If an agreement is reached, I/we understand that the written and signed agreement may be shared with other individuals working with the child/student. I/We understand that discussions during the mediation session will be confidential and will not be used during subsequent proceedings pertaining to the child/student’s case.I/We understand the mediation process is voluntary on the part of both parties, it is not used to deny or delay a parent’s right to a hearing or to deny any other rights afforded under Part B of the Individuals with Disabilities Act.  |

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| **SUMMARY OF ISSUES:** |
| The following is a summary of the issue(s) that I/we will discuss in mediation: (use the back side of this sheet if more room is needed) |

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| **Please identify the other party(ies) you are requesting to be involved in the mediation.** |
| Name/Involvement with the Child | Contact Information |
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| **CONTACT INFORMATION AND SIGNATURE:** |
| Parent(s)/Guardian(s) Name(s): | Child/Student Name: | Date of Birth: |
| Address: | Telephone Number |
| Email: |
| Superintendent’s Name: |
| School District Name/Address/Phone: |
| Signature of person requesting mediation: | Date: |

Agreement to participate in mediation.

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| **Signatures:** |
| Signature of District Administrator | Date Signed |
| Signature of Parent/Guardian | Date Signed |

Complete and submit one (1) signed copy. Retain a copy for your records.

**Submit signed form to:**

Special Education Programs

Dispute Resolution Coordinator

800 Governors Drive

Pierre, SD 57501-2294