



south dakota
DEPARTMENT OF EDUCATION
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south dakota
BIRTH TO THREE
The first three years build a lifetime

Office of Education Services and Supports
Part C State Medication Requesting Form

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/local program, 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 C of the Individuals with Disabilities Act.

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)

Please identify the other party(ies) who you want to meet with for mediation.	
Name / Position	Contact Information

Please identify the other party(ies) who will attend the mediation with you	
Name / Position	Contact Information

Parent(s)/Guardian(s) Name(s)	Child Name:	Date of Birth
Address		Telephone Number:
Service Coordinator/Superintendent's Name		
Local Program/School District Name/Address/Phone		
Signature of Person Requesting Mediation		Date

Mail to:
 South Dakota Department of Education
 Office of Education Services and Supports
 Birth to Three Program
 Sarah Carter, Director
 800 Governors Dr.
 Pierre, SD 57501-2294