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| **SAMPLE REQUEST FOR MEDIATION** |
| Mediation is available to parents and public-school districts to resolve a dispute involving any matter arising under Part B of the Individuals with Disabilities Education Act (IDEA). Mediation is voluntary for both parties. A qualified impartial mediator is assigned by Special Education Programs (SEP) to assist the parties in communicating and developing a legally enforceable agreement to address the issues.  Division of Special Education and Early Learning  Special Education Programs  <https://doe.sd.gov/sped/complaints.aspx>  *If you have questions regarding special education or due process hearing rights or requirements, you may contact Special Education Programs at the South Dakota Department of Education at*  *1-605-773-3678.* |

**This form is provided to you as a model for your use, you are not required to use this form.**

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| **I/WE UNDERSTAND:** |
| * 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 special education services and supports for the child/student. * 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. * We also understand that the mediator is acting as a neutral third party, to help develop an agreement that is mutually satisfactory. * We understand that mediation is conducted by a qualified and impartial mediator who is trained in effective mediation techniques. * we understand that, if an agreement is reached, the written and signed agreement may be shared with other individuals working with the child/student. Discussions during the mediation session will be confidential and will not be used during subsequent proceedings pertaining to the child/student’s case. * 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) |

**Please identify the other party(ies) you are requesting to be involved in the mediation.**

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| **Name of Person** | **Title of Person** |
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**CONTACT INFORMATION:**

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| **Parent(s)/Guardian(s) Name(s):** |
| **Student Name:** |
| **Address:** |
| **Telephone Number:** |

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| **Superintendent Name:** |
| **School District Name and address:** |
| **Telephone Number:** |

**Agreement to participate in mediation.**

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| Signature of District Administrator | Date Signed |
| Signature of Parent/Guardian | Date Signed |

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| **INSTRUCTIONS:** |
| 1. Either the parent or school district may initiate the mediation process by completing this sample form or written request to the contact information provided below. 2. Both the parents and school district may jointly complete one form. 3. The Dispute Resolution Coordinator will work with the parties to schedule a mutually agreeable time and location for the mediation to take place.   *\* Both parties must agree to the mediation in order for the process to take place. Special Education Programs will keep the parties notified about the progress of the request.* |

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

Or by

Email: [Wendy.Trujillo@state.sd.us](mailto:Wendy.Trujillo@state.sd.us)

Fax: 605.773.6139