

Has the district proposed an individualize education program (IEP)? Yes \_\_\_\_ No \_\_\_\_  
*(If not, you may want to consider a facilitated team meeting.)*

Is this mediation request the result of a hearing request? Yes \_\_\_\_ No \_\_\_\_

Date of last conciliation meeting, if any have been held. \_\_\_\_\_

### District Information

School District Name \_\_\_\_\_ ISD No. \_\_\_\_\_

Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Student Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Disability \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Is there a parent at another address with parental rights? Yes \_\_\_\_ No \_\_\_\_

### Mediation Conditions

- The Minnesota Department of Education (MDE) will provide a mediator at no cost to the participants.
- Mediation is voluntary and cannot be used to delay or deny the parent's right to a due process hearing.
- The mediation session is confidential. Participants will not record mediation sessions.
- Participants may not ask the mediator to provide notes or testify in any subsequent proceedings.
- Any agreement reached in mediation is enforceable in court.
- Participants agree to work toward a solution that is in the best interests of the student.
- Participants agree to engage in the mediation process in good faith within a reasonable timeframe after the submission of this request.

**To be Filled out by Parent(s)/Student**

Today's Date \_\_\_\_\_

Is communication between the parent and educators difficult? Yes \_\_\_\_ No \_\_\_\_

*If yes, please briefly explain.*

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I request that a mediator be assigned to assist in resolving the following issues: *(Attach extra page if needed.)*

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List any special accommodations you will need for the mediation.

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**Advocate/Attorney Information**

Have you been working with an advocate or attorney regarding this request? Yes \_\_\_\_ No \_\_\_\_

*If yes, the advocate/attorney listed below will be included in communications scheduling the mediation.*

Advocate/Attorney Name \_\_\_\_\_ Agency \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ I permit MDE to communicate with the advocate/attorney about the issues raised in this request.

**Parent Authorization (required to begin mediation services)**

*I, \_\_\_\_\_ (parent name) understand the conditions of mediation and have the authority to make this request. I voluntarily agree to participate in mediation.*

**To be Filled Out by District**

Today's Date \_\_\_\_\_

Is communication between the parent and educators difficult? Yes \_\_\_\_ No \_\_\_\_

*If yes, please briefly explain.*

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I request that a mediator be assigned to assist in resolving the following issues: *(Attach extra page if needed.)*

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**District Authorization (required to begin mediation services)**

*I, \_\_\_\_\_ (district representative) understand the conditions of mediation and have the authority to make this request. I voluntarily agree that the district will participate in mediation.*

**District Contact Information for the Purposes of this Request**

Special Education Director or Coordinator \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Form Instructions – Request for Mediation

1. Complete the information on the form that pertains to you.
  - a. Save the completed form on your computer and e-mail it as an attachment to the other party (parent or district) to complete and email to MDE; or
  - b. Save the completed form to your computer and attach it to an email to send directly to MDE at [mde.adrservices@state.mn.us](mailto:mde.adrservices@state.mn.us). The Alternative Dispute Resolution (ADR) Coordinator will then contact the other party to see if they are willing to participate in mediation.
2. Upon receipt of the completed form, the ADR Coordinator will contact all parties to schedule the mediation session.
3. For additional information, contact Pamela Hinze, ADR Coordinator, at 651-582-8518; [pamela.hinze@state.mn.us](mailto:pamela.hinze@state.mn.us); Fax 651-582-8498. For TTY communication, contact the Minnesota Relay Service 800-627-3529.

### **Alternative Dispute Resolution Coordinator**

Minnesota Department of Education  
1500 Highway 36 West  
Roseville, Minnesota 55113  
[mde.adrservices@state.mn.us](mailto:mde.adrservices@state.mn.us)

### ***Vision of Success***

- The ADR professionals lead a culturally sensitive, fair and just process. They encourage parents and educators to...
  - Focus on students.
  - Work toward solutions.
  - Be partners.
  - Communicate.
  - Trust and respect each other.
  - Create an IEP that works for the student.
  - Recognize, respect, and honor differences.
  - Keep the discussion going after the ADR process ends.
- Parents and educators feel at peace and are satisfied with their ADR process.
- If students attend, they are comfortable talking about what they need.