

NEVADA DEPARTMENT OF EDUCATION
REQUEST FOR MEDIATION FORM

DATE REQUEST RECEIVED: _____

Instructions:

1. *This model form may be used by the parents or school district representative to request mediation. (You may also submit a written request for mediation in another manner.) Fill out the information that pertains to you and sign the form. Send this form to the other party to be signed for a joint request or submit it directly to the Mediation Coordinator at the Nevada Department of Education, Office of Special Education. (If the request is not a joint request, the agreement of the other party to mediate will be verified before the appointment of a mediator.)*
2. *If parties fill out this form at the same time, it is the responsibility of the school district to forward the form to the Nevada Department of Education.*
3. *The Mediation Coordinator will review this form, confirm the matter in dispute is under the IDEA, Part B and assign a Mediator.*
4. *The Mediator will contact you to make arrangements for the mediation session including the dates, times, and all logistics.*

NAME OF CHILD: _____ **Date of Birth:** _____

Address of the residence of the child, if not the same as the parent address below: _____

School: _____

School District of Attendance: _____

NAME(s) OF PARENT(s): _____

Address of Parent(s) (or contact information if homeless): _____

Contact Phone Number(s): _____

E-Mail Address (if available): _____

NAME OF SCHOOL DISTRICT REPRESENTATIVE: _____

Contact Phone Number(s): _____

E-Mail Address _____

BRIEF SUMMARY OF ISSUE(S) IN DISPUTE:

Please check the following boxes that apply and provide the requested information, if known:

A due process complaint has been filed regarding this issue(s).
Date Filed: _____
Is this requested Mediation instead of the Resolution Meeting?
YES **NO**
Date the Decision is due: _____
Has a hearing been scheduled? YES **NO** **If yes, when:** _____
Name of Hearing Officer: _____

A state complaint has been filed regarding this issue(s).
Date Filed: _____ **Date the Investigation Report is Due:** _____

Special assistance is required to address special needs during mediation, such as an interpreter or accessibility needs. (Please specify)

Submitted by:

Parent(s) Signature: _____ Date: _____

District Representative Signature: _____ Date: _____

COMPLETED FORM TO BE FAXED/MAILED TO:

**Mediation Coordinator
Nevada Department of Education
Office of Inclusive Education
700 East Fifth Street Suite #106
Carson City, NV 89701
Phone: (775) 687-9142
Fax: (775) 687-9123**