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