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: __________________________

Address of 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 Special Education
700 East Fifth Street #106
Carson City, NV 89701
Voice: (775) 687-9142
Fax: (775) 687-9123