



MEDIATION AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

SPECIAL EDUCATION

SFN 52942 (10/2016)

Child/Student Initials	Date of Birth	Date of Mediation	Location of Mediation
Mediation Issue(s) of Parent(s)			
Mediation Issue(s) of School			

The preference is to have a limited number of participants at the meeting. At this time, the only participants who will be allowed into the session, without prior consent, will be

Name of Parent(s)/Guardian(s)
Name of School District Representative(s)
Other Participant(s) (include name and relationship to child/student)

Terms of Agreement: The parties understand that mediation is an agreement-reaching process in which the mediator assists parties in reaching agreement in a collaborative and informed manner. It is understood that the mediator has no power to decide disputed issues for the parties. The mediator will assist the parties in reaching their own agreement. The parties understand that mediation is not a substitute for independent legal advice. The parties understand that the mediator has an obligation to work on behalf of all parties and that the mediator cannot render individual legal advice to any party and will not render therapy or arbitrate within the mediation. This agreement is considered a legally binding document.

Neither the mediator nor the mediator's records or notes will be available for future proceedings, such as a due process hearing. Any agreement reached will be reduced to writing and duplicate originals given to each party.

Summary of Agreement *(Use additional pages if needed)*

Answer the following questions relevant to each agreement issue (Be specific):

To what issue is the particular agreement tied?
How will it be implemented or carried out?
Who is responsible for carrying it out?

What are the associated timelines?
If services are to be rendered on a trial basis, what happens at the end of the trial?
Provide specific if/then scenarios when necessary

This mediation agreement is in effect for <input type="checkbox"/> Time is specified in the agreement <input type="checkbox"/> School year in question <input type="checkbox"/> Until circumstances change as determined by the IEP Team

An IEP meeting should be scheduled within 1-2 weeks following the mediation to address the issues addressed in this mediation agreement.

Signature of Parent/Guardian	Typed Name of Parent/Guardian	Date
Signature of School Representative	Typed Name of School Representative	Date
Signature of Mediator	Typed Name of Mediator	Date

Others Present *(use additional pages if needed)*

Signature	Typed Name	Date
Signature	Typed Name	Date
Signature	Typed Name	Date

Please mail to:

Dispute Resolution Coordinator
 Department of Public Instruction
 Office of Special Education
 600 E Blvd Ave, Dept 201
 Bismarck, ND 58505-0440