



**REQUEST FOR MEDIATION**  
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
 OFFICE OF SPECIAL EDUCATION  
 SFN 58601 (03/2017)

**PLEASE RETURN BY MAIL OR FAX:**  
 ND Dept. of Public Instruction  
 Office of Special Education  
 600 E. Blvd. Ave., Dept. 201  
 Bismarck, ND 58505-0440  
 (701) 328-4149 (Fax)

I/We request mediation in the in the matter of \_\_\_\_\_ (child/student's initials) to try to reach an agreement on some or all of the issues regarding educational services for the child/student. I/We have read and understand the written materials describing mediation services and have been fully informed of the following:

- The mediator does not provide the parent(s), the school district, or the child/student with legal representation.
- The mediator does not provide counseling or therapy services.
- The mediator is a neutral third party who will assist the group in developing an agreement that is mutually satisfactory.
- If an agreement is reached, the written and signed agreement may be shared with other individuals working with the child/student.
- The signed written agreement is considered legally-binding under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 04).
- Discussions during the mediation session will be held confidential and can not be used during subsequent proceedings pertaining to the child/student's case.
- The IEP team should reconvene to discuss components of the agreement that should be implemented in the student's IEP.

The following is a summary of the issue(s) that I/We would like to discuss in mediation: **(If more space is needed please include additional pages).**

**Please identify individuals who will accompany you to the mediation.**

Name	Position/Relationship to student

**Please identify other individuals that you would like to participate in this mediation.**

Name	Position/Relationship to student

School (and District) Name	Address	City	State	ZIP Code
Name of School Administrator	Telephone	Email Address		

Parent/Guardian Name	Address	City	State	ZIP Code
Telephone	Cell phone or Email	Student Name	Student Date of Birth	

By signing this request, I agree to participate in mediation. Signature of Parent:	Date
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By signing this request, I agree to participate in mediation. Signature of School Administrator:	Date
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