

Indiana Department of Education Office of Legal Affairs 151 W. Ohio Street Indianapolis, IN 46204-2798 Telephone: (317) 233-2131 Toll Free: I-877-851-4106 Fax: (317) 232-0744

Agreement to Mediate

Date: _____

- 1. I understand that mediation is voluntary and a due process hearing can be requested if agreement is not reached.
- 2. I understand we are here to find a solution to our dispute, and I agree to enter into the mediation session in good faith and to attempt to reach a resolution in the best interests of the student.
- 3. I understand that the mediator is here to help us see both sides, think about solutions, and write up an agreement. The mediator will not make decisions or tell us how to solve the problem. I understand that the mediator is not acting as a lawyer, judge, hearing officer, investigator, counselor, or advocate.
- 4. I understand that the mediator will not give legal or financial advice.
- 5. I understand that I may stop the mediation or the mediator may stop the mediation at any point for any reason.
- 6. I understand that the mediation process is strictly confidential. I understand that all discussions that occur during the mediation session will remain confidential and will not be used as evidence in any subsequent due process hearing or civil proceeding.
- 7. I understand that if agreement is reached through the mediation process, the written agreement is legally binding and can be enforced in any court of competent jurisdiction.

Signature - Parent/Guardian

Signature - School Administrator

Names of Participants: