PARENT REQUEST FOR MEDIATION

I/We request mediation under the Individuals with Disabilities Education Act in the matter of _____ (child/student's initial) to try to reach an agreement on some of all of the issues regarding special education services for the child/student. I/We have been fully informed that the mediator is not providing the parent(s), the school district, or the child/student with legal representation. I/We also understand that the mediator is not providing counseling or therapy services.

The mediation process is voluntary on the part of the parties; and is not used to deny or delay a parent's right to a hearing on the parent's due process complaint, or to deny any other rights afforded under Part B of the Act.

I/We choose to pursue mediation to try to reach an agreement on some or all of the issues regarding the child/students' educational program. I/We understand that the mediation process will involve the mediator, acting as a neutral third party, to develop an agreement that is mutually satisfactory.

I/We understand that discussions during the mediation session will be confidential and will not be used during subsequent proceedings pertaining to the child/student's case.

The following is a summary of the issue(s) that I/we will discuss in mediation. (use the back side of this sheet if more room is needed)

Parent/Guardian(s) Name	Child/Student Name	Date of Birth
Address		Telephone Number
School District/LEA		
Email Address		

_____ _____

Parent Signature Date

Submit to: Glenna Gallo - State Director of Special Education
Utah State Office of Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200