



**AGREEMENT TO MEDIATE**

\_\_\_ Preappeal Conference (Mediation--no hearing request)

OR

\_\_\_ Mediation (hearing request)

DE assigned number \_\_\_\_\_

Date of mediation: \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending: \_\_\_\_\_

1. I agree to participate in a mediation conducted according to the Administrative Rules of the Iowa Department of Education, Bureau of Student and Family Support Services, with \_\_\_\_\_ as the mediator.
2. I am choosing to pursue mediation in an effort to reach an agreement on issues concerning special education services for \_\_\_\_\_
3. Due to the personal and private nature of the matters to be discussed in mediation, and because open and honest communication is required in order to reach resolution, all discussions that occur during this mediation process shall be confidential. I understand this is not intended to prohibit any of us from discussing information, including any written agreement we reach, on a need-to-know basis, with appropriate staff, family members, counsel, and professional advisors.
4. I understand that discussions and offers of agreement made and not accepted in the mediation cannot be used as evidence or as arguments in future hearings or civil proceedings.
5. I understand that the mediator will not disclose anything about this mediation that in any way identifies the parties to it. I also understand that the mediator cannot be called to testify as a witness in any future hearing unless required to by law.
6. I will not blame the mediator or try to obtain compensation or reimbursement from the mediator for anything connected to the mediation--including the mediation agreement we reach.
7. If we reach a written agreement, I understand that it will be legally binding and I agree to follow it.

**Please Print Your Name, Role and E-mail Address and Sign Below Your Email**

Printed name and role (mediator)
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Signature
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