

NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION
USERS' GUIDE TO ADMINISTRATIVE PROCESS

101 Pleasant Street
Concord, N.H. 03301
FAX 603-271-4034
Citizens Services Line 1-800-339-9900

REQUEST FOR MEDIATION

Before school district calls the Department to request a mediation session, each party ("side") must have determined who the participants will be for their "side" and the two parties must have picked 4 specific days which are mutually convenient and must state what issue(s) is/are to be mediated. *For Vocational Rehabilitation proceedings, replace LEA with Agency and Student with Client.*

- A. Date: _____ (Please See "H" Below)
- B. Person making the request
Name: _____ SAU _____ Title: _____
Representing (Name of LEA) _____
Mailing Address: _____
Telephone #: _____
- C. Re: Student
Name of student: _____
DOB: _____

If Special Education student:
SPEDIS #: _____
Educational Handicap(s) _____ Current
placement: _____
- D. Name(s) of individuals who will represent the student/client
- *1. Name: _____
Title/Relationship to student/client: _____
Mailing
Address: _____
Daytime phone: _____ Evening Phone: _____
2. Name: _____
Title/Relationship to student/client: _____
Mailing Address: _____
Daytime Phone: _____ Evening Phone: _____
3. Name: _____
Title/Relationship to student/client: _____
Mailing Address: _____
Daytime Phone: _____ Evening one: _____
- E. Name(s) of individuals who will represent the school district/agency
- *1. Name: _____ Title: _____
Mailing
Address: _____
Daytime Phone: _____ Evening phone: _____

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2. Name: _____ Title: _____
Mailing Address: _____
Daytime Phone: _____ Evening phone: _____
3. Name: _____ Title: _____
Mailing Address: _____
Daytime Phone: _____ Evening Phone: _____

F. Individual in "E" above who has written authority to make decisions and firm commitments on the part of the school district/agency: _____

G. Issue(s) to be mediated (brief phrase below)

1. _____
2. _____
3. _____

H. Is/Are the issue(s) presently the subject of a Special Education complaint under Ed 1121? Yes ___ No ___

I. Time Frame: Has a Special Education Impartial Due Process Hearing been requested? Yes ___ No ___

If yes, what date was Day #1 of the 45 day period? _____ Please determine the date which is mutually convenient to all participants before calling. Generally, mediation will be held during the third week period of the 45-day period, so requests must be made during the first week (before Day 7).

*Primary person to contact regarding details, arrangements, or changes. The primary contact person is the only one to receive communication from the Department.