Request for Mediation

Under the Individuals with Disabilities Education Act (IDEA)

Mediation may be requested for disputes arising under the IDEA. Mediation is free to both parties. Mediation is a voluntary process, therefore, both parties must agree to mediation prior to the assignment of an impartial Mediator. CDE will contact the other party to determine whether that party accepts or rejects mediation.

**Use of this form is not required.**

Date:

**Mail or fax this request to:**

Colorado Department of Education

Exceptional Student Services Unit

Dispute Resolution Office

1560 Broadway, Suite 1100

Denver, CO 80202

Or

Fax: 303-866-6767

Attn: Dispute Resolution

**This Mediation is requested by (check one):**

**Parent of the child**

**School District, BOCES, or State Operated Program**

**Other  please explain:**

**On behalf of:**

Child’s name:

School the student attends:

School District:

Parent(s) name:

Address:

City:       State:       Zip code:

Home phone:       Work phone:       Cell phone:

Director of Special Education:

School District, BOCES, or State Operated Program:

Address:

City:       State:       Zip:

Phone:

**If you are represented by an attorney or assisted by an advocate, please indicate below:**

Attorney’s name:       or Advocate’s Name:

Address:

City:       State:       Zip:

Phone:       Fax:

**Please describe a) the nature of the dispute, b) the specific date the dispute began, and c) the relevant facts relating to the dispute (attach additional pages if necessary):**

**Please describe how this dispute could be resolved (attach additional pages if necessary):**

Print Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_