*If you are using a browser other than Internet Explorer, you may need to save the form to your dekstop and attach it to an email addressed to mde.adrservices@state.mn.us.*

Minnesota Department of Education

**Email Form**

# Request for Mediation

**Alternative Dispute Resolution (ADR) Services' Vision of Success**

- The ADR professionals lead a culturally sensitive, fair and just process. They encourage parents and educators to…
  - Focus on students.
  - Work toward solutions.
  - Be partners.
  - Communicate.
  - Trust and respect each other.
  - Create an IEP* that works for the student.
  - Recognize, respect, and honor differences.
  - Keep the discussion going after the ADR process ends.
- Parents and educators feel at peace and are satisfied with their ADR process.
- If students attend, they are comfortable talking about what they need.

Has the district proposed an IEP? _____Yes _____No (*If not, you may want to consider a facilitated IEP meeting.*)

Is this mediation the result of a hearing request? _____Yes _____No

Date of last conciliation meeting, if any have been held. _____ _____ _____

Is communication between the parent and educators difficult? _____Yes _____No

If yes, please explain.

_____

We request that a mediator be assigned to assist in resolving the following issues:

_____

- We know that mediation is voluntary and we can still have a due process hearing if we cannot agree.
- We know that the mediation session is confidential. We agree that we will not ask the mediator to attend any other proceedings.
- We agree to try to find a solution in the best interests of the student.
- We understand that any agreement reached in mediation is enforceable in court.
- We know MDE will provide a mediator at no cost to the participants.

* All references to the Individualized Education Program (IEP) in this document also include the Individual Interagency Intervention Plan (IIIP) and the Individual Family Service Plan (IFSP).

## District Information

School District Name _____ ISD No. _____

Administrator Name _____ Title _____

_____ I understand the conditions of mediation and have the authority to make this request. I agree that the district will participate in mediation.

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address_____

## Student Information

Student Name _____ Date of Birth _____

Grade _____ Disability _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Best daytime contact home _____ work _____ cell ____

_____I understand the conditions of mediation and have the authority to make this request. I agree to participate in mediation.

_____ I authorize School District #_____ and its employees, agents and contractors to share information with ADR Services about our child's identity, needs, and issues surrounding disagreements about educational programming (required to begin mediation services).

I need these accommodations for the mediation:

_____

## Advocate Information

Have you been in contact with an advocate? _____Yes _____No

Advocate Name and Agency _____

Telephone Number _____ Email _____

_____ ADR Services and the advocate **may** share information.

_____ ADR Services and the advocate **may not** share information.

# Request for Mediation
# Instructions

1. Fill out the information that pertains to you.

   a. Save the form on your computer and e-mail it as an attachment to the other party (parent or district) to complete and email to ADR Services; or

   b. Email the form directly to ADR Services by selecting "***Email Form***" button in the top, right corner of the first page of the form. The ADR Coordinator will then contact the other party to see if there is willingness to participate in mediation to resolve the dispute. **Please Note: If you are using a browser other than Internet Explorer, you may need to save the form to your dekstop and attach it to an email addressed to mde.adrservices@state.mn.us.**

2. If parties fill out this form together, the school district will forward the completed form to ADR Services.

3. Upon receipt of the completed form, the ADR Coordinator will contact all parties to schedule the mediation session.

4. For additional information, contact Patricia McGinnis, ADR Coordinator, at 651-582-8222 or toll free at 866-466-7367; patricia.mcginnis@state.mn.us, Fax 651-582-8498. For TTY communication, contact the Minnesota Relay Service 800-627-3529.

Alternative Dispute Resolution Services
Minnesota Department of Education
1500 Highway 36 West
Roseville, Minnesota 55113