MEDIATION AGREEMENT

Mediation Reference #_____

Student Name: _____

PEA: _____

Date: _____

The parties are satisfied with the resolution and agree to abide by and fulfill the following terms:

ISSUE(S)/RESOLUTION
Issue 1:   _____   _____   _____   _____   **Resolution:**   **Start Date** _____   _____   _____   _____   _____   ☐ This resolution will be incorporated into the Student's Individualized Education Program (IEP) at an IEP meeting to be held on or before: _____

Issue 2:

_____

_____

_____

_____

Resolution: **Start Date** _____

_____

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_____

☐ This resolution will be incorporated into the Student's IEP at an IEP meeting to be held on or before:

_____

Issue 3:

_____

_____

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_____

Resolution: **Start Date** _____

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_____

☐ This resolution will be incorporated into the Student's IEP at an IEP meeting to be held on or before:

_____

Please use additional pages, if necessary

Implementation Contact Person: The parties have agreed the following individual(s) will be responsible for (a) coordinating and implementing the above stated resolution(s), and (b) serve as the point of contact:

Contact Person: _____

Phone number: _____

Email address: _____

_____   _____
PEA Authorized Representative's Signature   Date

_____   _____
Parent Signature   Date

_____   _____
Parent Signature   Date

Please fax or mail ALL signed documents to:
Arizona Department of Education/Exceptional Student Services
Dispute Resolution Coordinator
1535 W. Jefferson St., Bin #62
Phoenix, AZ 85007
Fax: 602-364-0641

ISSUE(S)/RESOLUTION

Issue ____:

_____

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_____

Resolution: **Start Date** _____

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☐ This resolution will be incorporated into the Student's IEP at an IEP meeting to be held on or before:

_____

Issue ____:

_____

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Resolution: **Start Date** _____

_____

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☐ This resolution will be incorporated into the Student's IEP at an IEP meeting to be held on or before:

_____