Minnesota Department of Education

Request for Mediation

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.

Please Print

_____
School District/Cooperative Name and Number

_____
School Administrator's Name and Title

_____
Address

_____ _____ _____
City State Zip

_____
Phone Number

_____
Fax Number

_____
Email Address

_____
Date

_____
School Administrator's Signature

Is this mediation the result of a hearing request?

☐ Yes ☐ No

_____
Student's Name

_____ _____ _____
Date of Birth Grade Disability

_____
Parent/Guardian Name(s)

_____
Address

_____ _____ _____
City State Zip

_____ _____ _____
Home Phone Work Phone Cell Phone

_____
Fax Number

_____
Email Address

Best daytime contact: ☐ home ☐ work ☐ cell

_____
Date

_____
Parent/Guardian's Signature

I need these accommodations for the mediation:

_____

Please review instructions on the next page before completing this form.

Request for Mediation

Instructions

1. Fill out the information that pertains to you and sign the form.

2. Send this form to the other party to be completed and signed or submit it directly to the Minnesota Department of Education (MDE). The Alternative Dispute Resolution (ADR) coordinator will then contact the other party to see if there is willingness to participate in mediation to resolve the dispute.

3. If parties fill out this form at the same time, the school district will forward the form to MDE.

4. Upon receipt of the signed form, MDE staff will contact all parties to schedule the mediation session.

5. For additional information, contact Patricia McGinnis, ADR Coordinator, at 651-582-8222 or toll free at 1-866-466-7367. Email: patricia.mcginnis@state.mn.us. Fax: 651-582-8498. For TTY communication, contact the Minnesota Relay Service: 1-800-627-3529.

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

Authorization to Release Educational Data

By agreeing to participate in mediation, we are authorizing School District # _____ and its employees, agents and contractors to share information with MDE about our child's identity, needs, and issues surrounding disagreements about educational programming.

Date: _____ Parent/Guardian Signature _____

Date: _____ Parent/Guardian Signature _____

Mediation activity cannot begin until MDE receives this signed authorization.