

Minnesota Special Education Mediation Service (MNSEMS)

Request for Mediation During Hearing Process

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

- We have requested a hearing and wish to participate in mediation within three days. We will call to confirm that MNSEMS has received this request.
- We know that mediation is **voluntary** and we can proceed with the 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 go to any other proceedings.
- We agree to try to find a solution in the best interests of the student.
- MNSEMS will provide a mediator at no direct cost to the participants.

Please Print

School District / Cooperative Name and #

Student's Name

School Administrator's Name and Title

Student's Age Grade Disability

Address

Parent/Guardian Name(s)

City State Zip

Address

Phone () _____

City State Zip

Fax # () _____

Phone: Home () _____

Date _____

Work () _____

School Administrator's Signature

(Indicate best daytime # _____)

Date _____

Parent/Guardian's Signature

I need these accommodations for the mediation: _____

Request for Mediation During Hearing Process

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.
3. If parties fill out this form at the same time, the school district will forward the form to MNSEMS.
4. Upon receipt of the signed request, MNSEMS staff will assign a mediator who will contact the parties to schedule the mediation within three business days of the request.
5. For additional information, contact Patricia McGinnis, MNSEMS Coordinator, at 651-582-8222 or toll free at 1-866-4MNSEMS (1-866-466-7367). Fax: 651-582-8498. For TTY communication, contact the Minnesota Relay Service: 1-800-627-3529.

**MNSEMS
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 MNSEMS about our child's identity, needs, and issues surrounding disagreements about educational programming.

Date: _____ Parent/Guardian _____

Date: _____ Parent/Guardian _____

Mediation activity cannot begin without this signed authorization.