

VIRGINIA SPECIAL EDUCATION MEDIATION SERVICES

REQUEST FORM

I. STUDENT INFORMATION	
• Student's Name: _____	Student's Grade/Program*: _____
• Student's Age: _____	Student's School Division: _____
II. BACKGROUND INFORMATION	
Please provide requested information. Enter NA (not applicable) where appropriate.	
• Date(s) of previous mediations: _____	
• Date of complaints filing: _____	
<u>COMPLETE ONLY IF A DUE PROCESS HEARING HAS BEEN REQUESTED:</u>	
• Date of due process hearing request: _____	
• Date of expedited hearing request: _____	
• Hearing Officer's name: _____	
Regulations permit both the parent and school division to agree that mediation will be used instead of a Resolution Session. Please initial here if you both agree.	
_____ Parent's Initials	_____ School division representative initials
III. Mediation requests need to be jointly requested by the school division and the parent(s) as evidenced by the signatures below.	
<u>Submit this form only when you are prepared to schedule a date for mediation.</u>	
PARTIES' NAMES AND SIGNATURES	
SCHOOL PERSONNEL	PARENT/GUARDIAN
Signature _____	Signature _____
Print Name _____	Print Name _____
Signature _____	Signature _____
Print Name _____	Print Name _____
IV. CONTACT INFORMATION	
SCHOOL REPRESENTATIVE	PARENT/GUARDIAN
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
_____	_____
Fax Number: _____	Fax Number: _____
_____	_____
E-mail: _____	E-mail: _____

V.

SUPPORT NEEDS

Translation Needs (Please specify)

Interpreter Needs (Please specify)

Accessibility Needs (Please specify)

VI.

ADDITIONAL INFORMATION

You may use this space to briefly list the issues you would like to work on at mediation. The mediation conference need not be limited to the issues you have noted here.

Parent:

School:

*** If the student is currently enrolled in a special education program, attach the most recent present level of performance.**

SEND FORM TO:

Mr. Art Stewart
Office of Dispute Resolution and Administrative Services
Division of Special Education and Student Services
Virginia Department of Education
P. O. Box 2120
Richmond, VA 23218-2120

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