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: ________________________________

**COMPLETE ONLY IF A DUE PROCESS HEARING HAS BEEN REQUESTED:**

- 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.

Submit this form only when you are prepared to schedule a date for mediation.

PARTIES’ NAMES AND SIGNATURES

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<thead>
<tr>
<th>SCHOOL PERSONNEL</th>
<th>PARENT/GUARDIAN</th>
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<td>Signature</td>
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<tr>
<th>SCHOOL REPRESENTATIVE</th>
<th>PARENT/GUARDIAN</th>
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<tr>
<td>Name: ________________</td>
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<tr>
<td>Mailing Address:</td>
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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

arthur.stewart@doc.virginia.gov

Telephone: 804-786-0711
FAX: 804-786-8520

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