

REQUEST FOR SPECIAL EDUCATION MEDIATION

You are not required to use this form to request assistance with mediating special education disputes for students with exceptionalities. However, this form is designed to assist the Louisiana Department of Education in arranging the mediation session.

1. Student Information

Name: _____ Date of Birth: ___/___/___
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Alternate phone number: _____
Name of school student attends/attended: _____
__ Male __ Female Grade: _____ Race: _____ Exceptionality: _____
Is student currently receiving special education services? __ Yes __ No

2. Requestor Information

The requestor is the parent/legal guardian or school official requesting a facilitated IEP meeting.

Requestor Name: _____ Relationship to student: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Alternate phone number: _____
Fax number: _____ Email address: _____
Does requestor need accommodations in order to participate in this process? __ Yes __ No

3. Background Information

Mediation may be unsuitable if this dispute is related to a manifestation determination or interim alternative placement setting under 34 CFR § 300.530 or § 300.531.

Is discipline pending for this student? __ Yes __ No

Are these dispute issues also the subject of a pending formal complaint investigation or due process hearing request filed by either party? __ Yes __ No

Have the parties ever participated in a state mediation for this student? __ Yes __ No

Issues/Concerns:

<input type="checkbox"/> identification/evaluation <input type="checkbox"/> placement <input type="checkbox"/> progress reporting <input type="checkbox"/> present performance levels <input type="checkbox"/> accommodations/modifications <input type="checkbox"/> transition services <input type="checkbox"/> ESY services	<input type="checkbox"/> annual goals and objectives <input type="checkbox"/> related services (speech OT PT) <input type="checkbox"/> discipline/behavior <input type="checkbox"/> paraprofessional services <input type="checkbox"/> assistive technology <input type="checkbox"/> implementation of IEP <input type="checkbox"/> benchmarks and measurable 504/ADA IAP services	<input type="checkbox"/> assessments <input type="checkbox"/> autism services <input type="checkbox"/> education/service site location <input type="checkbox"/> residential placement <input type="checkbox"/> transportation <input type="checkbox"/> extracurricular & non-academic <input type="checkbox"/> deaf/hearing impaired <input type="checkbox"/> blind/vision impaired
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Three dates you are available: _____

4. Signature(s)

By signing this document, the parent, school district/charter school, and requestor agree that the assigned mediator may access the student's education record for use during the mediation session(s).

Requestor's Signature: _____ Date: ____/____/____

Mail, fax, or email your request to:
Louisiana Department of Education
Attn: Legal Division
1201 North 3rd Street
Baton Rouge, LA 70802
Fax: 225-342-1197

Email: DisputeResolution.DOE@la.gov

SUBMIT REQUEST

The Department will contact the other party to determine if they are willing to participate in mediation. If the other party agrees to participate, we will contact you to arrange the mediation. However, if the other party refuses to participate, the Department will notify you and inform you that the other party has refused to participate. Parents and school districts/agencies should prepare for a minimum of three (3) hours when scheduling a mediation session. When there are a number of concerns/issues to discuss the mediation may exceed three (3) hours. Participants should be willing to stay until the agreed upon ending time. If it appears that additional time is needed to adequately discuss concerns/issues, the mediator may extend beyond the allotted time or schedule a date to continue that is acceptable to all participants.

Accessibility needs for the meeting (of the parent or student with a disability).

Translation Needs (Please specify): _____

Interpreter Needs (Please specify): _____

Accessibility Needs (Please specify): _____

Please describe your expectations for outcome of the mediation.

