

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 go to 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.
- MNSEMS will provide a mediator at no 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 () _____

Email _____

Work () _____

Date _____

Cell () _____

Email _____

School Administrator's Signature

Circle best daytime #: home work cell

Is this mediation the result of a hearing request?

Yes

No

Date _____

Parent/Guardian's Signature

I need these accommodations for the mediation: _____

Please review instructions on the other side 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 MNSEMS. MNSEMS 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 MNSEMS.
4. Upon receipt of the signed form, MNSEMS staff will contact all parties to schedule the mediation session.
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.