

# SPECIAL EDUCATION MEDIATION AGREEMENT

Website: <http://doe.in.gov>

Mediation No.:  Date of Mediation:

Student's Name:

Reason for the request (if applicable):  
 Was this mediation request made due to a pending due process hearing/resolution session?  Yes  No  
 Was this mediation request made due to a pending complaint investigation?  Yes  No

Agreement:  Full  Partial  None

**TERMS OF AGREEMENT: (Space below is limited to 24 lines. Attach additional pages as necessary.)**

**Describe any issues in which no agreement was made. (Space below is limited to 4 lines. Attach additional pages as necessary.)**

I understand that all discussions during the mediation process are confidential and may not be used in any subsequent due process hearing or court case. I understand that this agreement is legally binding and enforceable in any court of competent jurisdiction. The complaint process may be utilized to enforce a mediation agreement.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
School Representative's Signature

Witnessed by: \_\_\_\_\_  
Mediator's Signature