



Indiana Special Education Mediation Program Application

Name: Date:

Mailing Address:

Telephone number: Email:

1. It is the goal of the Division to complete a mediation within ten (10) days. Please describe any limitations that would jeopardize your availability or ability to conduct a special education mediation session: (i.e. travel limitations, time limitations, conflicts of interest, etc.)

2. Please describe your educational background relevant to your mediation skills:

3. Please describe your mediation experiences:

4. Please describe your familiarity with special education:

Please attach your resume which outlines your education and mediation experiences. If you choose to submit this application electronically click the "Submit by Email" button and it will take you to your E-mail Inbox where you can attach your resume. If you choose not to submit this application electronically, you may click on print form and mail to - Indiana Department of Education, Office of Legal Affairs, 151 W Ohio Street, Indianapolis, IN 46204, or Fax to - 317/232-0744.