

SOMTG Case No.: _____
Student ID No.: _____

State of Washington
Special Education Mediation
Agreement to Mediate

In consideration of receiving Special Education Mediation Services, I/we agree to enter into this mediation in good faith. I will sincerely attempt to resolve the issues of this dispute, agree to cooperate with the mediator assigned to this case, and will give serious consideration to all suggestions made in regard to developing a realistic solution. I/we understand that if it appears to the mediator that I/we, including those participating with me or supporting me, are not participating in good faith as described above, that the mediator may issue a warning, and following that warning may stop the mediation. I understand that mediation is a voluntary process from which I may withdraw at any time and that by entering into mediation I am not waiving my rights to due process.

I/we understand that the mediator assigned to this case is not serving as a counselor, advocate, attorney, or judge; that their only function is to act as a neutral facilitator. I understand that I may consult legal counsel while engaged in the mediation process and that any agreements or decisions resulting from the mediation are entered into voluntarily and by mutual acceptance.

I/we agree that mediation sessions are confidential settlement negotiations and that all offers, promises, conduct, and statements made during the course of this mediation, whether written or oral, are inadmissible in any litigation or arbitration of this dispute to the extent allowed by law. However, evidence that is admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation. I/we understand that if the mediation results in a mediation agreement, the mediation agreement is not confidential.

I/we will not subpoena or otherwise require the mediator to testify or produce records, notes or work product in any future proceedings should this matter not settle at mediation.

I/we understand that the scheduled mediation will be conducted over the virtual platform Zoom. I agree that no recording, photographic or stenographic record will be made of the mediation session(s). I agree that I will not share the content of this meeting in any capacity with those not listed below in this Agreement to Mediate. To my knowledge, no other parties are listening, and/or participating in this meeting, other than the parties listed below.

Date(s) for Mediation _____.

Parent(s)/Guardian(s)
Print/Sign

Parent(s)/Guardian(s)
Print/Sign

District Representative
Print/Sign

Mediator
Print/Sign

Additional Participants:

Print/Sign

Print/Sign

Print/Sign

Print/Sign

Print/Sign

Print/Sign

Print/Sign

Print/Sign

Print/Sign

Print/Sign