

## Request for Mediation

We request that a mediator be assigned to assist in resolving the following issues:

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- 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

\_\_\_\_\_  
DOB (Optional)          Grade          Disability

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
City                  State                  Zip

\_\_\_\_\_  
Address

Phone (    ) \_\_\_\_\_

\_\_\_\_\_  
City                  State                  Zip

Fax # (    ) \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_

Email \_\_\_\_\_

Work (    ) \_\_\_\_\_

Date \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

\_\_\_\_\_  
School Administrator's Signature

\_\_\_\_\_  
Email

Is this mediation the result of a hearing request?

Circle best daytime location:    home    work    cell

Yes

Date \_\_\_\_\_

No

\_\_\_\_\_  
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.**