

Mediation Request Form

(Use of this form is not required.)

Under the Individuals with Disabilities Education Act (IDEA)

Mediation may be requested for disputes arising under the IDEA. Mediation is free to both parties. Mediation is a voluntary process, therefore, both parties must agree to mediation prior to the assignment of an impartial Mediator. CDE will contact the other party to determine whether that party accepts or rejects mediation.

Date: _____

This Mediation is requested by (check one):

- Parent of the child
- School District, BOCES, or State Operated Program
- Other, please explain: _____

On behalf of:

Child's Name

School the Student Attends

School District

Parent(s) Name

Address

_____, _____, _____
City, State Zip

Email (Optional)

Phone # (____)____-____

If you are represented by an attorney or assisted by an advocate, please indicate below:

Attorney or Advocate's Name (check one)

Address

_____, _____, _____
City, State Zip

Mail or fax this request to:

Colorado Department of Education Exceptional
Student Services Unit Dispute Resolution Office
201 E. Colfax Ave., Room 402
Denver, CO 80203
Or
Fax: 303-866-6767
Attn: Dispute Resolution

Director of Special Education

School District, BOCES, or State Operated Program

Address

_____, _____, _____
City, State Zip

Email (Optional)

Phone # (____)____-____

Email (Optional)

Phone # (____)____-____

Please describe a) the nature of the dispute, b) the specific date the dispute began, and c) the relevant facts relating to the dispute (attach additional pages if necessary):

Please describe how this dispute could be resolved (attach additional pages if necessary):

Date

Print Name

Date

Signature

Date

Print Name

Date

Signature