

Alabama State Department of Education

Special Education Services MEDIATION REQUEST



- I understand that mediation is a voluntary process and both parties must agree to participate.
- Mediation is not to be used to delay or deny access to a written state complaint or due process complaint.
- I also know that I may request mediation by using the form below, calling (334) 694-4782, or emailing brush-harrison@alsde.edu.
- I understand neither party shall call the mediator to testify in any subsequent proceedings.

Date: _____

Person requesting mediation:

- Parent of a child with a disability (or someone with the authority to act in the place of a parent)
- Parent's attorney
- School district representative
- Student (age 19 or older)

| |
|-------------------------|
| Name |
| |
| Street Address |
| |
| City, State, & Zip Code |
| |
| Phone Number |
| |
| Email Address |
| |

(Note: If the student is 19 years old, the student must request mediation or agree to voluntarily participate in mediation, unless there is a court order or other legal document that permits another party to act on the student's behalf.)

(Please complete as much information below as possible)

| Student Information: | Parent Information: |
|----------------------------------|-------------------------|
| Name | Name(s) |
| | |
| Email Address | Street Address |
| | |
| Date of Birth | City, State, & Zip Code |
| | |
| Name of the School | Email Address |
| | |
| Grade Level | Phone Number |
| | |
| Disability Category | |
| | |
| Other Concerns and/or Conditions | |
| | |

Is this mediation part of a due process hearing (DPH) request or written state complaint (WSC)?

- Yes, DPH # _____
- Yes, WSC # _____

Please explain why mediation is requested:

Attach additional pages if necessary.

Send to:

brush-harrison@alsde.edu

or

SES MEDIATION
Special Education Services
Alabama State Department
of Education
P.O. Box 30201
Montgomery, AL 36130

334-694-4782