



Model Form: IDEA Request for Mediation

In submitting this form, you are requesting a mediation session to resolve a disagreement between families and the school district and/or AEA in regards to a learner who is receiving early intervention or special education services as required by IDEA (Individuals with Disabilities Education Act).

Mediation is a voluntary process in which an impartial mediator assigned by the Iowa Department of Education will help the parties in resolving differences through discussing the issues at hand, with a goal of coming to a mutually agreeable solution. When an agreement is reached, a legally binding agreement is written and signed by both parties. This agreement is then enforceable in any state court of competent jurisdiction or in a district court of the United States. A "shepherd" is assigned to address any issues that may result during implementation of the agreement.

A mediation session may be requested as part of other dispute resolution options (state complaint or due process) or outside of those processes. Once your request is received, additional information will be sent regarding the next steps in the mediation process.

You may either use this form or submit a written signed statement that includes the required information below. Please attach additional documents as needed. The use of an asterisk (*) indicates the information is required.

To file your request, send copies to:

- (1) the LEA(s), AEA(s) or other public agency involved, and
(2) the Iowa Department of Education at ideadisputeresolution@iowa.gov or Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-0146

Date: _____

I am filing a mediation request. I am requesting that the Iowa Department of Education assign a mediator to help resolve a disagreement involving the requirements of the Individuals with Disabilities Education Act and its implementing rules and regulations.

*Child's Name: _____ Alternate Name, if applicable: _____

Child's Date of Birth: _____

*Child's Address: _____

*City: _____ *State: _____ *ZIP: _____

Is the child "homeless?" [] Yes [] No.

If so, provide contact information for the child: _____

If the child is age 3 or above, the school district where child lives: _____

Address: _____

City: _____ State: _____ ZIP: _____

If the child is age 3 or above, the school district where child **attends**: _____

Address: _____

City: _____ State: _____ ZIP: _____

If the child is age 3 or above, name of **school building** that child attends: _____

For **Early ACCESS** (ages birth to 3), the AEA that provides services for the child: _____

*Parent/Guardian 1 Name: _____ Signature: _____

*Address: _____

*City: _____ *State: _____ *ZIP: _____

*Telephone: _____ E-mail (if available): _____

Parent/Guardian 2 Name: _____ Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ E-mail (if available): _____

1. *The nature of the problem:

2. *The facts of the case relating to the problem:

3. *Your proposed resolution to the problem:

Is this form completed by someone other than the parent? Yes No.

If yes, provide your name, your contact information, and your relationship to a parent, if different from above:

*Do you elect to receive notices and communications via email? Yes No. (If no, all notices and communications will be sent via U.S. mail.)

If yes, what email address would you like notices and communications sent to? _____