

Mediation Request Form

The parent(s)/guardian/surrogate parent and/or school representative, below, hereby request that the Vermont Department of Education Special Education Mediation Service assign a mediator to help us to resolve our disagreement regarding special education services.

We understand that this is a voluntary procedure and that the Vermont Department of Education has to obtain the agreement of both parties before assigning a mediator. Once both parties have agreed, the Department will assign a mediator within five working days. The mediator will then contact the parties directly to schedule the mediation session.

Please Check the Appropriate Box:

This is a: Joint Request Single Party Request

Name(s) of Requesting Party #1: _____

Relationship to Student: _____

Name(s) of Requesting Party #2: _____

Relationship to Student: _____

Student Information

Name, First and Last: _____

Address: _____

Date of Birth: _____ Grade Level: _____

School of Attendance: _____

District of Residence: _____

Disability of Child _____

Parent Information

Name, First and Last: _____

Address: _____

Tel: W (____) _____ H (____) _____ Cell (____) _____

E-mail Address: _____

