

MEDIATION REQUEST FORM

I/We hereby request that the Vermont Department of Education assign a mediator to help resolve our disagreement arising under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973, as amended.

I/We understand that mediation is a voluntary process and that the Vermont Department of Education must obtain the agreement of both parties prior to assigning a mediator. Following such agreement, the Department's Legal Unit Administrator will assign a mediator within five working days. The mediator will contact the parties directly to schedule the mediation session.

Please Check the Appropriate Box:

This is a: Single Party Request Joint Request (both parties)

Name of Requesting Party: _____

Relationship to Student: _____

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Relationship to Student: _____

Student Information:

Name, First and Last: _____

Address: _____

Date of Birth: _____ Grade Level: _____

School of Attendance: _____

District of Residence: _____

Disability (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Learning Impairment | <input type="checkbox"/> Other Health Impairment: _____ |

Parent/Guardian/Student Information:

Name, First and Last: _____

Address: _____

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

E-mail Address: _____

School Representative

Name, First and Last: _____

Position/Title: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Please briefly describe the issue(s) you are hoping to resolve in the mediation session:

Mail, fax or e-mail this form to: VT Dept. of Education, Legal Unit Administrator, 120 State Street, Montpelier, VT 05620-2501; fax: (802) 828-3140; email: DOE-Mediation-DPinfo@state.vt.us. A copy should also be sent to the school representative listed above.