**MEDIATION REQUEST FORM**

I/We hereby request that the Vermont Agency 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 Agency of Education must obtain the agreement of both parties prior to assigning a mediator.

Following such agreement, the Agency’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:

Name of Requesting Party:

Relationship to Student:

**Student Information**:

Name, First and Last:

Address:

Date of Birth:

School of Attendance:       Grade Level:

District of Residence:

**Disability (check all that apply)**:

Autism Spectrum Disorder  Multiple Disabilities

Deaf  Orthopedic Impairment

Deaf-Blindness  Specific Learning Disability

Developmental Delay  Speech or Language Impairment

Emotional Disturbance  Traumatic Brain Injury

Hard of Hearing  Visual Impairment

Learning Impairment  Other Health Impairment:

**Parent/Guardian/Student Information**:

Name, First and Last:

Address:

Tel: H (   )    -     W (   )    -     C (   )    -

E-Mail Address:

**School Representative**:

Name, First and Last:

Position/Title:

Address:

Tel: H (   )    -     W (   )    -     C (   )    -

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 Agency of Education, Legal Unit Administrator, 1 National Life Drive, Davis 5, Montpelier, VT 05620-2501; fax (802) 828-6430; e-mail: [AOE.MediationDPInfo@vermont.gov](mailto:AOE.MediationDPInfo@vermont.gov). A copy of should also be sent to the school representative listed above.