



219 North Main Street, Suite 402
Barre, VT 05641 (p) 802-479-1030 | (f) 802-479-1835

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: _____ Grade Level: _____

School of Attendance: _____

District of Residence: _____

Disability (check all that apply):

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



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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, 219 North Main Street, Suite 402, Barre, VT 05641; fax: (802) 479-1835; email: [AOE Mediation-DP Info](#). A copy should also be sent to the school representative listed above.

