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## 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
- Deaf
- Deaf-Blindness
- Developmental Delay
- Emotional Disturbance
- Hard of Hearing
- Learning Impairment

- Multiple Disabilities
- Orthopedic Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment
- Other Health Impairment: \_\_\_\_\_

**Parent/Guardian/Student Information:**

Name, First and Last:

Address:

Telephone: H

W

C

E-Mail Address:

**School Representative:**

Name, First and Last:

Position/Title:

Address:

Telephone:

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

Email: [AOE.MediationDPInfo@vermont.gov](mailto:AOE.MediationDPInfo@vermont.gov)

A copy of should also be sent to the school representative listed above.