

ARKANSAS SPECIAL EDUCATION MEDIATION PROJECT
U.A.L.R. BOWEN SCHOOL OF LAW
LEA/SCHOOL REQUEST FOR MEDIATION

I, _____, representing _____,
(School Representative) (Public Agency)
request mediation in the matter of _____ to try to reach an agreement on some
(Student)

or all of the issues regarding educational services for the student. I understand that the mediation process will involve the mediator speaking privately to the parent(s) and the school representative(s). I understand the mediator, acting as a neutral third party, will work with each of the parties to develop a mutually satisfactory agreement.

If the parties reach an agreement, the parties may choose to share the agreement with other individuals who work with the Student. I understand that the mediation discussions are confidential and may not be used during subsequent proceedings or discussed outside of the mediation. I, therefore, agree not to call the mediator as a witness in any future proceeding pertaining to the Student's case.

The following is a summary of the issue(s) that we would like to discuss at the mediation:

SUMMARY

If available, a copy of the parents' request for mediation is attached to this request.

The parent(s) have received a copy of "Parental Rights in Special Education" and have been informed of their right to a due process hearing.

Public Agency: _____

School Representative: _____

Student's Name: _____ DOB: _____

Parents: _____

Address: _____

Telephone Number: (W) _____ (H) _____

Representative Signature: _____ Date: _____

Please submit to the Arkansas Special Education Mediation Project by fax to 501.324.9911 or to this address:

Arkansas Special Education Mediation Project
U.A.L.R. Bowen School of Law
1201 McMath Ave., Little Rock, Arkansas 72202