## **Request for Mediation**

## **Under the Individuals with Disabilities Education Act (IDEA)**

Mediation may be requested for disputes arising under the IDEA. Mediation is free to both parties. Mediation is a voluntary process, therefore, both parties must agree to mediation prior to the assignment of an impartial Mediator. CDE will contact the other party to determine whether that party accepts or rejects mediation. **Use of this form is not required.** 

Date:	Mail or fax this request to:	
This Mediation is requested by (check one):  ☐ Parent of the child ☐ School District, BOCES, or State Operated Program ☐ Other, please explain ☐ On behalf of:	Colorado Department of Education Exceptional Student Services Unit Dispute Resolution Office 1560 Broadway, Suite 1100 Denver, CO 80202 Or Fax: 303-866-6767 Attn: Dispute Resolution	
Child's name		
School the student attends		
School District	Director of Special Education	
Parent(s) name	School District, BOCES, or State Operated Program	
Address	Address	
City Zip	City, CO Zip	
home # (	phone # (	
work # ()		
cell # ()		
If you are represented by an attorney or assisted	by an advocate, please indicate below:	
Attorney or Advocate's Name (check one)	phone # ()	
Address	fax # ()	
City, CO		

Please describe a) the nature of the dispute, b) the specific date the dispute began, and c) the relevant facts relating to the dispute (attach additional pages if necessary):		
Please describe how this dispute could be resolved (attach additional pages if necessary):		
Print Name		
Signature	Date	
Print Name		
Signature	Date	