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: ___________________

This Mediation is requested by (check one):
☐ Parent of the child
☐ School District, BOCES, or State Operated Program
☐ Other, please explain ______________

On behalf of:
_______________________________________
Child’s name
_______________________________________
School the student attends
_______________________________________
School District
_______________________________________
Parent(s) name
_______________________________________
Address
_____________________, CO  _____________
City  Zip
phone #   (_____)_____-________

If you are represented by an attorney or assisted by an advocate, please indicate below:

☐ Attorney or  ☐ Advocate’s Name (check one)
_______________________________________
Phone # (_____)_____-________
_______________________________________
Address
_____________________, CO  _____________
City  Zip
Fax #  (_____)_____-________

Mail or fax this request to:
Colorado Department of Education
Exceptional Student Services Unit
Dispute Resolution Office
1560 Broadway, Suite 1175
Denver, CO 80202
Or
Fax: 303-866-6767
Attn: Dispute Resolution
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):

____________________________________________________________________
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Please describe how this dispute could be resolved (attach additional pages if necessary):

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____________________________________________________________________
____________________________________________________________________

Print Name
_________________________  Signature          Date

Print Name
_________________________  Signature          Date