

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

home # (____)____-____

work # (____)____-____

cell # (____)____-____

Mail or fax this request to:

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

Director of Special Education

School District, BOCES, or State Operated Program

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)

Address

_____, CO _____
City Zip

phone # (____)____-____

fax # (____)____-____

