

Request for Special Education Mediation

Directions

This form may be used to request mediation. This form will help identify who should participate in and what should be discussed during mediation. However, use of this form is optional.

Please complete this form and send the original to the Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE) or to your school district. Keep a copy of the completed form for your own records. Do not send a copy of this form to the New York State Education Department.

Student Information

Student's name (first/last):

Date of birth (mm/dd/yyyy):

What is the student's disability?

What is the address of where the student lives?

What is the name of the parent or person in parental relationship?

Does the parent have a different mailing address than where the student lives? Yes No
If you checked "Yes," what is the mailing address?

What is the best phone number to reach the parent during the day (include area code)?

What is the parent's email address?

School Information

What is the name of the student's school?

What is the school's address?

Is there someone in the student's school or in the district who is familiar with the disagreement(s) listed below? Yes No

If you checked "Yes," what is their name?

Why are you requesting mediation?

List and/or describe what disagreement(s) and concern(s) there are about the education of the student. You can attach additional pages or documents, if necessary, to help explain the nature of the disagreement(s) and concern(s).

How can the disagreement be resolved?

Please describe how you would like the disagreement(s) and concern(s) resolved. If you do not know, you can indicate that you do not know. You can attach additional pages, if necessary, as well as documents that can help explain how the disagreement(s) and/or concern(s) can be resolved.

Signature

Please sign the completed form. If you are signing the form electronically, you agree that typing your name or entering your electronic signature below is the legal equivalent of your manual signature on this form.

Signature of person completing this form: _____

Date (*mm/dd/yyyy*): _____

Print name: _____

If you **are not** the student's parent or person in parental relationship, provide the following information:

What is your relationship to the student? _____

Daytime phone (include area code): _____

Email address: _____

More information on the mediation process can be found on the [Office of Special Education website](#).

For School District Use Only

Date Received: _____