

NEVADA DEPARTMENT OF EDUCATION
REQUEST FOR MEDIATION FORM

DATE REQUEST RECEIVED: _____

Instructions:

1. This model form may be used by the parents or Local Educational Agency (LEA, e.g. district, State Public Charter School Authority) representative to request mediation. (You may also submit a written request for mediation in another manner.) Fill out the information that pertains to you and sign the form. Send this form to the other party to be signed for a joint request or submit it directly to the Mediation Coordinator at the Nevada Department of Education, Office of Inclusive Education. (If the request is not a joint request, the agreement of the other party to mediate will be verified before the appointment of a mediator.)
2. The NDE will accept joint requests from parents or their representatives and LEAs or their representatives for the appointment of a named mediator on the NDE list of qualified mediators, when included in the request for mediation. The NDE will appoint that named mediator, if available.
3. The Mediation Coordinator will review this form, confirm the matter in dispute is under the IDEA, Part B and assign a Mediator.
4. The Mediator will contact you to make arrangements for the mediation session including the dates, times, and all logistics.

NAME OF CHILD: _____ **Date of Birth:** _____

Address of the residence of the child, if not the same as the parent address below:

School: _____ **LEA of Attendance:** _____

NAME(s) OF PARENT(s): _____

Address of Parent(s) (or contact information if homeless): _____

Contact Phone Number(s): _____

E-Mail Address (if available): _____

NAME OF LEAREPRESENTATIVE: _____

Contact Phone Number(s): _____

E-Mail Address _____

BRIEF SUMMARY OF ISSUE(S) IN DISPUTE:

We request the mediation take place: _____ In-person or _____ Virtual (through Zoom or another platform).

Please check the following boxes that apply and provide the requested information, if known:

A due process complaint has been filed regarding this issue(s).
Date Filed: _____

Is this requested Mediation instead of the Resolution Meeting?

YES **NO**

Date the Decision is due: _____

Has a hearing been scheduled? YES **NO** **If yes, when:** _____

Name of Hearing Officer: _____

A state complaint has been filed regarding this issue(s).
Date Filed: _____ **Date the Investigation Report is Due:** _____

Special assistance is required to address special needs during mediation, such as an interpreter or accessibility needs. (Please specify)

Submitted by:

Parent(s) Signature: _____ Date: _____

District Representative Signature: _____ Date: _____

COMPLETED FORM TO BE FAXED/MAILED TO:

**Mediation Coordinator
Nevada Department of Education
Office of Inclusive Education
700 East Fifth Street Suite #106
Carson City, NV 89701
Phone: (775) 687-9142
Fax: (775) 687-9123**