

Date: _____

REQUEST FOR MEDIATION FORM

Although we have been trying to reach agreement on an issue(s) for _____ a student in _____ School District, differing viewpoints still exist. It is not likely that an agreement will be reached without outside assistance. Therefore, we, the undersigned, request that the following issue(s) be mediated:

By signing this form we agree that we will not reveal to anyone, including a hearing officer or judge, the content of any discussions which take place during the mediation process. We agree not to call the mediator as a witness or subpoena records or notes of the mediator in any administrative or judicial proceeding concerning these disputes.

Parent/Guardian	District Representative
Name:	Name:
Address:	Address:
City:	City:
State/Zip:	State/Zip:
Phone:	Phone:
Signature:	Signature:

Check here if either party requires disability adaptations or modifications for the mediation session.

Check here if the parent's/guardian's native language is a language other than English and parent requires interpreter services for the mediation.

Mail to:
Kentucky Department of Education
Office of Legal, Legislative and Communication Services
300 Sower Blvd., 5th Floor
Frankfort, KY 40601
Attention: Todd Allen
FAX: 502-564-9321