

STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
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SECRETARY OF EDUCATION

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GOVERNOR

ALTERNATIVE DISPUTE RESOLUTION REQUEST

I/We, the undersigned, request that the New Mexico Public Education Department's (NMPED's) Special Education Division (SED) appoint a state-funded special education mediator/facilitator to convene a special education mediation session/facilitated IEP meeting regarding the following unresolved issues or due process hearing issues for _____, a student at the _____ school or Charter School enrolled in the _____ school district:

Please state the issue(s) in specific terms.

Please state your proposed solution.

We understand that:

- The state will assign the mediator/facilitator on a rotation basis from its approved list.

- We have received and read the state’s *Complaint Assistance IEP Meeting/Facilitated IEP Meeting/Mediation/Due Process Hearing Resolution Session Fact Sheets* which explains these processes.
- Mediation is a voluntary and confidential process.
- Mediation sessions are **not** IEP meetings and it is possible that the student’s full IEP team will not be at a mediation session. Therefore, if we reach a written agreement through mediation/resolution session on any IEP-related matters, it will then be necessary to subsequently convene an IEP meeting to revise the student’s IEP or develop an IEP amendment to inform the student’s service providers of their responsibilities under the mediated agreement. This step is required by the state special education rules.

We agree (The following apply to mediations only):

- Not at any time before, during, or after the mediation session to call the mediator or anyone associated with the mediator as a witness in a judicial, administrative, or arbitration proceeding concerning the student.
- Not to subpoena, ask for document production or the like in connection with this mediation session meeting for this student from the mediator.

We are requesting (**select one**):

Mediation _____ Facilitated IEP (FIEP) _____ Third Party Assisted Intervention _____

Print name of Requesting Party: _____
Signature(s) of Party or Representative: _____
Date Signed : _____
Address: _____
Daytime Telephone Number: _____
Fax: _____ Email: _____