

* indicates required information

New Mexico Public Education Department, Special Education Division



Mediation Request Form

Instructions: Mediation is a voluntary process that requires the agreement of both the parent and the district, charter school, or public agency to participate. There is no cost to the mediation for either party. A request for mediation can be made at any time, including before filing a state complaint or due process hearing request. Please provide the following information in order to initiate a request for mediation. Requests may be submitted via U.S. Mail or E-Mail. This completed form should be submitted to:

Via Regular Mail:

Alternative Dispute Resolution Coordinator
Special Education Division/OGC
New Mexico Public Education Department
300 Don Gaspar
Santa Fe, NM 87501

Via E-Mail:

Dispute.Resolution@ped.nm.gov

**If you have any questions, please contact the
Alternative Dispute Resolution Coordinator at
505-309-1214**

Please select one of the following:*

- I am the parent/guardian/surrogate parent of the student I am the adult student I am the parent or adult student's attorney/advocate
 I am the public agency representative or attorney (this includes school districts, charter schools, state-supported schools, and the NMPED)

SECTION I - Student Information*

STUDENT NAME*	STUDENT SCHOOL*	SCHOOL DISTRICT/CHARTER SCHOOL/PUBLIC AGENCY*
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SECTION II - Parent Information

PARENT/GUARDIAN/SURROGATE PARENT NAME*	DAY TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
NAME OF PARENT'S ATTORNEY/ADVOCATE (If applicable)	ATTORNEY/ADVOCATE TELEPHONE (Include Area Code)
ATTORNEY/ADVOCATE ADDRESS (Street, City, State, Zip Code)	ATTORNEY/ADVOCATE E-MAIL

SECTION III - Public Agency Information (Complete if you are the public agency representative or attorney.)

NAME OF DISTRICT/CHARTER SCHOOL/OTHER PUBLIC AGENCY	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
PRIMARY CONTACT NAME/TITLE	PRIMARY CONTACT TELEPHONE (Include Area Code)
PRIMARY CONTACT ADDRESS (If different from public agency)	PRIMARY CONTACT E-MAIL
NAME OF ATTORNEY (If applicable)	ATTORNEY TELEPHONE (Include Area Code)
ATTORNEY ADDRESS (Street, City, State, Zip Code)	ATTORNEY E-MAIL

SECTION IV - Language and Accessibility

Will the assistance of an interpreter or other accommodations be needed during the mediation?

Yes No

If yes, please describe the needs. (Do not go beyond the space provided.) (Submit additional pages if necessary.)

SECTION V - Description of the Issues

State-level or due process complaint:*

Is there a state complaint case associated with this mediation request?* Yes No

Is there a due process hearing request associated with this mediation request?* Yes No

If you answered yes to either of the above, please provide the case number(s):

We request that a mediator be assigned to assist in resolving disagreements regarding (check all that apply).

- | | |
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| <input type="checkbox"/> Identification and eligibility for services | <input type="checkbox"/> Behavior/Disciplinary/Manifestation Determination |
| <input type="checkbox"/> Educational evaluation | <input type="checkbox"/> Change of placement |
| <input type="checkbox"/> IEP development or implementation | <input type="checkbox"/> Reimbursement for services |
| <input type="checkbox"/> Provision of a free appropriate public education | <input type="checkbox"/> Other <div style="border: 1px solid black; width: 300px; height: 25px; display: inline-block; vertical-align: middle;"></div> |

A brief description of the dispute and the resolution you are seeking (If possible, include any steps taken to resolve the issue prior to this request): (Do not go beyond space provided.) (Submit additional pages if necessary.)*

SECTION VI - Signature of Parent, Complainant, or Representative*

*Signature (Electronic or Digital Signatures are acceptable)**

*Date**

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