

Date Received by WDE	Request for Mediation

Directions: A copy of this **Request for Mediation** should be retained for your records. Use of this form is optional. The mediation request may be filed with WDE by mail or fax to:

State Director of Special Education
Wyoming Department of Education
Individual Learning Division
2300 Capitol Avenue
Cheyenne, Wyoming 82002
800-228-6194
FAX: (307) 777-6234

The Process

- Mediation is a voluntary process. Both parties must agree to participate in mediation.
- Mediation cannot be used to deny or delay a parent's right to a due process hearing.
- The mediator is neutral and here to help the parties understand both sides, facilitate solutions, and draft an agreement. The mediator will not make decisions or tell the parties how to solve the problem. The mediator is not acting as a lawyer, judge, hearing officer, investigator, counselor, therapist or advocate.
- The parties may seek advice from an advocate or an attorney at their own expense, but neither an advocate nor an attorney is required for mediation.
- Both parties must have a representative at or available during the mediation with the authority to settle the dispute.
- A representative of the district, the parent or guardian, or the mediator may end the mediation at any time.
- The discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding.
- The mediator will not testify about the mediation in any subsequent proceedings, and the mediator's records and/or notes will be destroyed at the conclusion of mediation.
- All parties must follow any agreement reached in mediation.
- Either the parent or public agency may initiate mediation by completing this Request for Mediation form and sending or faxing the completed form to WDE. However, use of this form is not required.
- The parties may jointly complete a single Request for Mediation, or may submit separate requests.
- All requests for mediation should be sent or faxed to WDE at the address or fax number provided above.

1. INFORMATION ABOUT THE CHILD

It is very important to provide all requested information.

Name of Child	DOB	Grade	School
Name(s) of Parent or Guardian	Name(s) of Parent or Guardian		
Address (City, State & Zip)	Address (City, State & Zip)		

Phone	Email	Phone	Email
H:		H:	
W:		W:	

2. INFORMATION ABOUT THE DISTRICT OR AGENCY

Name of District or Agency & Administrator	Telephone Number

3. INFORMATION ABOUT THE REQUEST

Mediation is requested regarding the following unresolved issues:

1.	
2.	
3.	
4.	
5.	
6.	

Signatures

I understand that WDE will forward my request to the other party involved, and if they agree to participate in mediation, WDE will forward the Agreement to Mediate to both parties. After signing this Agreement, WDE will assign this request to a mediator.

I agree, as the parent of the above named child, to authorize WDE and the school district to share educational information with the mediator in an effort to resolve this dispute.

Signature and Title of the person(s) filing or agreeing to this Request:	Date:
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