

**VIRGINIA SPECIAL EDUCATION MEDIATION SERVICES  
REQUEST FORM**

**I. STUDENT INFORMATION**

**\*If the student is currently enrolled in a special education program, attach the most recent present level of performance.**

Student's Name: Click or tap here to enter text. Student's Grade/Program\*: Click or tap here to enter text.

Student's Age: Click or tap here to enter text. Student's School Division: Click or tap here to enter text.

**II. BACKGROUND INFORMATION**

Please provide requested information. Enter N/A (not applicable) where appropriate.

Date(s) of previous mediations: Click or tap here to enter text.

Date of complaint filing: Click or tap here to enter text.

**COMPLETE ONLY IF A DUE PROCESS HEARING HAS BEEN REQUESTED**

Date of due process hearing request: Click or tap here to enter text.

Date of expedited hearing request: Click or tap here to enter text.

Hearing Officer's name: Click or tap here to enter text.

Regulations permit both the parent and school division to agree that mediation will be used instead of a Resolution Session. Please initial here if you both agree.

Parent's Initials: School Division Representative's Initials:

**III. Mediation requests need to be jointly requested by the school division and the parent(s) as evidenced by the signatures below.**

**Submit this form only when you are prepared to schedule a date for mediation.**

We will make every effort to meet time sensitive requests. However, we cannot guarantee the availability of specific dates and times.

**PARTIES' NAMES AND SIGNATURES**

**SCHOOL PERSONNEL**

Signature	Print Name
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Signature	Print Name
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**PARENT/GUARDIAN**

Signature	Print Name
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Signature	Print Name
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#### **IV. CONTACT INFORMATION**

##### **SCHOOL REPRESENTATIVE**

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

##### **PARENT/GUARDIAN**

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

#### **V. SUPPORT NEEDS**

**Translation Needs** (Please specify) Click or tap here to enter text.

**Interpreter Needs** (Please specify) Click or tap here to enter text.

**Accessibility Needs** (Please specify) Click or tap here to enter text.

#### **VI. ADDITIONAL INFORMATION**

You may use this space to briefly list the issues you would like to work on at mediation. The mediation conference need not be limited to the issues you have noted here.

**Parent:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

SEND FORM TO:  
Office of Dispute Resolution and Administrative Services  
Division of Special Education and Student Services  
Virginia Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120  
[ODRAS@doe.virginia.gov](mailto:ODRAS@doe.virginia.gov)  
Telephone: 804-225-2013  
FAX: 804-786-8520