



Model Form to Assist Parent(s)/Guardian(s) in Requesting a Mediation Conference

PLEASE PRINT

Date: _____ I, _____, am requesting a mediation conference.
Your name

CHILD'S INFORMATION	_____
	Child's name & Date of Birth

	Address where child lives (for contact information)
PARENT(S)/GUARDIAN(S) INFORMATION	_____
	Name of District, School, and AEA where child lives

	Name of District, School, and AEA where child attends if different from where the child lives
PARENT(S)/GUARDIAN(S) INFORMATION	Parent(s)/ Guardian(s) name(s): _____
	Mailing address (or contact information): _____
	City: _____ State: _____ Zip: _____
	Phone/Contact number: _____ E-mail (if available): _____
	<u>If there another parent/guardian at another address with parental rights, please complete the following:</u>
	Parent(s) Guardian(s) name(s): _____
	Mailing address (or contact information): _____
	City: _____ State: _____ Zip: _____
	Phone/Contact number: _____ E-mail (if available): _____

Describe the following (use additional sheets of paper if more space is needed):

- The nature of the problem:

- The facts of this case relating to the above problem:

- Your proposed resolution of the problem:

Name, address, phone number or contact information of person filing request, if not parent/guardian: _____

Position/role of person filing request, if not parent/guardian: _____

Send a completed form to **EACH** of the following:
Addresses Available at Your School

- The district that made the decision with which you disagree.**
- The AEA special education director.**
- Director, Iowa Department of Education**
Grimes State Office Building, Des Moines, Iowa 50319-0146