Request for Alternate Dispute Resolution

DATE OF REQUEST

IDENTIFYING INFORMATION

Student | Date of Birth | Age | Grade

School | District of Service

District of Special Ed Accountability

PARENT INFORMATION

Parent | Email

Address | City | State | Zip

Phone - Home | Phone - Cell | Phone - Work

DISTRICT INFORMATION

District of Special Education Accountability

District Special Education Representative | Email

Phone – Office | Phone – Cell

ADDITIONAL PARTIES TO BE INCLUDED IN THE MEDIATION

Include any other school district or public agency responsible for providing services and should be a party in the local mediation.

District | District Special Education Representative

Phone – Office | Phone – Cell | Email

Agency | Agency Representative

Phone – Office | Phone - Cell | Email

Agency | Agency Representative

Phone - Office | Phone - Cell | Email

REQUESTING PARTY

☐ Parent ☐ School District ☐ Agency ☐ Other

If the contact information for the party requesting mediation is not included above, please complete the following:

Name | Phone – Office | Phone – Cell

Address | Email

Have all parties agreed to participate in local mediation? ☐ Yes ☐ No

BRIEF SUMMARY OF REASON FOR REQUEST

PROPOSED RESOLUTION OF PROBLEM

Student _____ Date of Request _____

PROCESS REQUEST FOR MEDIATION

Mediation is a voluntary, confidential process for resolving disagreements at the school, district, or regional level.

The Marin County SELPA will convene the mediation within 15 business days at a location agreeable to all parties.

The mediation will be conducted in a non-adversarial atmosphere by a neutral mediator who is assigned by the Marin County SELPA. Mediators include parents, district staff members, and/or Marin County SELPA staff who have received training in Alternative Dispute Resolution.

Participating in local mediation does not change the rights of a parent guardian or district to request a due process hearing or file a complaint.

Return Completed Form to the County Marin SELPA
PO Box 4925
1111 Las Gallinas Ave
San Rafael, CA 94913
Email: rminnich@marinschools.org

Date Received by the Marin SELPA _____