



# 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 <b>lives</b>
	_____
	Name of District, School, and AEA where child <b>attends</b> 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): _____
	<b><u>If there another parent/guardian at another address with parental rights, please complete the following:</u></b>
	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