Florida Department of Education  
Bureau of Exceptional Education and Student Services  
Dispute Resolution

Request for Exceptional Student Education (ESE) Mediation

Directions: This form should be completed by individuals who wish to request a state sponsored ESE mediation. Please complete, sign, and forward one copy of this form to the Bureau of Exceptional Education and Student Services; retain another copy for your records.

Please Print

Student Information:

Last: ___________________________ First: ___________________________ Middle Initial: ________

Date of Birth – Month: _____________ Day: ___________ Year: __________

Address: __________________________________________________________

Exceptionality/ies: _________________________________________________

School district in which the student is enrolled: __________________________

Name of student’s school: ____________________________________________ Grade: __________

Parent / Student Representative Contact Information:

Last: ___________________________ First: ___________________________ Middle Initial: ________

Address: __________________________________________________________

Telephone: (Home): __________________ (Cell): ___________________ (Work): __________________

Relationship to student: ____________________________________________

Note: Individuals representing the parents and “other student representatives” must submit signed statements authorizing that they may act on the parent or student’s behalf.

I, ________________________________, request state-sponsored ESE mediation. I understand that all discussions shared during the course of the mediation session are confidential. I understand that my request for mediation does not waive my rights to a due process hearing. I understand that the desired outcome of mediation is to enter into a mutual agreement that is in the best interest of the student. I understand that the mediation agreement is a legally binding contract, which is enforceable in a state court of competent jurisdiction or in a U.S. district court. I understand that I may not compel the attendance of the mediator in any future due process or judicial proceedings.

Submitted by: ___________________________________________ Date: ________________

Signature

Need for Interpreter:

Please complete this section if an interpreter is needed in order for an individual to participate in the mediation.
Statement of Issues:

Please use the space below to describe the ESE issues that you wish to mediate.

District Contact Information (to be completed if submitted by district personnel only):

   Name of School District Representative: ____________________________________________

   Title: ______________________________________________________________________

   Telephone Number: ______________________________________________________________________

   Mailing Address of school district’s central office:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________