

Bureau of Exceptional Education and Student Services

Mediation Request Form



This form should be completed by individuals who wish to request an Exceptional Student Education (ESE) mediation. Please complete and sign the form, forward it to the ESE school district office and the Bureau of Exceptional Education and Student Services, and retain a copy for your records.

Name of Student	Student Age and Grade:
Student Address (Street, City, State, ZIP):	
School Name:	School District:
Student Exceptionality(ies) or Disability(ies):	

Please select one of the following:

- I am the parent or guardian of the student
- I am a parent representative
- I am the adult student
- I am the school district or local educational agency (LEA) representative

If submitted by the parent or guardian, parent representative or the adult student, complete the following:

Name of Person Filing:	Relationship to Student:	Email Address:
Address or Indicate if Same as Above (Street, City, State, ZIP):		Phone Number:
Have you ever participated in a mediation at the local level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require an interpreter or need accessibility assistance during the mediation?	
If yes, date of previous mediation :	<input type="checkbox"/> Yes <input type="checkbox"/> No	

State Complaint or Due Process:

- Is there a filed state complaint associated with this mediation request? Yes No
 Is there an existing request for due process associated with this mediation request? Yes No

Virtual Mediation

- I agree to participate in virtual mediation session. Yes No

Issue Pertaining to This Request for an ESE Mediation:

- | | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Access to Student Records | <input type="checkbox"/> Parental Consent for Services |
| <input type="checkbox"/> Accommodations and Modifications | <input type="checkbox"/> Placement Procedures |
| <input type="checkbox"/> Assessment to Measure Student Progress | <input type="checkbox"/> Private School Placement |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Procedural Safeguards (including Notice and Explanation) |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Provision of Special Education and Related Services |
| <input type="checkbox"/> Discipline (including Manifestation Determination) | <input type="checkbox"/> Reevaluation |
| <input type="checkbox"/> Eligibility Determination | <input type="checkbox"/> Referral for Evaluation |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Reporting on Progress |
| <input type="checkbox"/> Extended School Year | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> Free Appropriate Public Education | <input type="checkbox"/> Retention or Promotion |
| <input type="checkbox"/> Functional Behavior Assessment or Behavior Intervention Plan | <input type="checkbox"/> Secondary Transition (including Vocational Education) |
| <input type="checkbox"/> Independent Educational Evaluation | <input type="checkbox"/> Statewide Assessment (Participation) |
| <input type="checkbox"/> Individual Educational Plan (Development, Review, Revision and Implementation) | <input type="checkbox"/> Surrogate Parents |
| <input type="checkbox"/> Least Restrictive Environment (including Location of Services) | <input type="checkbox"/> Time With Peers Without Disabilities (including Mainstreaming and Inclusion) |
| <input type="checkbox"/> McKay Scholarship | <input type="checkbox"/> Transition from Part C to Part B |
| <input type="checkbox"/> Parent Participation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Parental Consent for Evaluation or Reevaluation | <input type="checkbox"/> Other _____ |

Please forward this ESE mediation request form to your exceptional student education school district office AND via email or mail to the Bureau of Exceptional Education and Student Services:

Email:	IDEAMediation@fldoe.org
Mail:	Florida Department of Education Bureau of Exceptional Education and Student Services Dispute Resolution and Monitoring Unit: Mediation Request 325 West Gaines Street, Suite 614 Tallahassee, Florida 32399-0400

Please call 850-245-0475 if you have any questions.