

**ARKANSAS SPECIAL EDUCATION MEDIATION PROJECT**  
**U.A.L.R. BOWEN SCHOOL OF LAW**  
**PARENTAL REQUEST FOR MEDIATION**

I, \_\_\_\_\_, have read the written materials on mediation and  
(Parent)

I wish to pursue mediation to try to reach an agreement on some or all of the issues regarding my child's educational program.

I understand that:

1. The mediator is not providing any party with legal advice or representation.
2. The mediator is not providing counseling or therapy services.
3. The mediation process will involve the mediator speaking privately to the parent(s) and the school representative(s).
4. The mediator will work with all of the parties to help develop an agreement.
5. Discussions during the mediation session will be confidential and may not be used during subsequent proceedings.
6. I may not call the mediator as a witness in any future proceeding pertaining to the child's case.
7. The signed agreement may be shared with other individuals working with my child.

The following is a summary of the issue(s) I would like discussed at the mediation:

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I have received a copy of Parental Rights in Special Education under the Individuals with Disabilities Education Act.

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Public Agency: \_\_\_\_\_ Parent's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit to the Arkansas Special Education Mediation Project by fax to 501.324.9911  
or to this address:**

Arkansas Special Education Mediation Project  
U.A.L.R. Bowen School of Law  
1201 McMath Ave., Little Rock, Arkansas 72202