

SPECIAL EDUCATION MEDIATION REQUEST

ATTN: Legal Services  
Tennessee Department of Education  
Division of Special Education  
5th Floor, Andrew Johnson Tower  
710 James Robertson Pkwy.  
Nashville, TN 37243-0380  
FAX: 615-253-5567

We would like to request special education mediation on behalf of \_\_\_\_\_  
a student in \_\_\_\_\_ Schools.

Disability \_\_\_\_\_

\_\_\_\_\_ We understand this request is for mediation only. A due process hearing  
has not been requested.

\_\_\_\_\_ We understand this request is for mediation concurrent with a request for a due  
process hearing. A written request for a hearing has been forwarded to the  
Superintendent of Schools.

Summary of Issues to be Mediated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred date(s), time(s), and place for Mediation Conference:

\_\_\_\_\_

Sincerely, \_\_\_\_\_  
\*Parent Signature

\_\_\_\_\_  
\*School System Signature

Parent/Guardian

School System Administrator

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

School System \_\_\_\_\_

\*Not Valid Unless Both Parties Have Signed