



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF SPECIAL EDUCATION - COMPLIANCE  
**MEDIATION- REQUEST FORM**  
**FIRST STEPS**

The Missouri Department of Elementary and Secondary Education (the Department) makes mediation available, at no cost, to allow parents and the Department or System Point of Entry (SPOE) or a provider the opportunity to resolve disagreements involving any matter under Part C of the Individuals with Disabilities Education Act (IDEA).

The mediation process is voluntary on the part of both parties. If both parties agree to mediation they will need to mutually agree upon a mediator from a list of qualified mediators provided by the Department. This form may be used to request mediation.

Mail completed form to:

Missouri Department of Elementary and Secondary Education  
 Office of Special Education – Compliance  
 P.O. Box 480  
 Jefferson City, MO 65102-0480

The Office of Special Education  
 business hours are Monday-  
 Friday – 8:00 AM – 4:30 PM

Or fax to: (573) 526-4404 Attention: Compliance Section

**Person Requesting Mediation**

Name:	
Child's Name:	Child's Date of Birth:
Child's Address:	City, State and Zip:

<b>Parent/Guardian</b> Name:	<b>Other Party to Mediation</b> Name:
Address:	Address:
City, State, & Zip:	City, State, & Zip:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Email address:	Relationship to Child:

**This mediation concerns (check only one):**  **Child Complaint**    **OR**     **Due Process**

Description of the problem, including facts relating to the problem: (Additional pages may be attached)

Proposed solution of problem, if known: (Additional pages may be attached)

Rev. 7/2012