STUDENT NAME: SCHOOL DISTRICT:

MEDIATION AGREEMENT

MEDIATOR:

**The parties indicated on the attached signature page are satisfied with the agreement and agree to abide by and fulfill the following terms.**

**Implementation Contact Person**

The parties agree that the following individual will be responsible for coordinating this agreement and will serve as the point of contact.

Contact Person:

Phone Number: Email address:

**ISSUES AND RESOLUTIONS**

**ISSUE:**

**RESOLUTION:**

**START DATE if applicable:**

**COMPLETION DATE if applicable:**

*This provision will be incorporated as an amendment into the student’s IEP dated:*

**ISSUE:**

**RESOLUTION:**

**START DATE if applicable:**

**COMPLETION DATE if applicable:**

*This provision will be incorporated as an amendment into the student’s IEP dated:*

**ISSUE:**

**RESOLUTION:**

**START DATE if applicable:**

**COMPLETION DATE if applicable:**

*This provision will be incorporated as an amendment into the student’s IEP dated:*

**ISSUE:**

**RESOLUTION:**

**START DATE if applicable:**

**COMPLETION DATE if applicable:**

*This provision will be incorporated as an amendment into the student’s IEP dated:*

**No Agreement Reached**

**For use with State Complaint or a Due Process Complaint ONLY**

Complaint#

Complaint is withdrawn

Not all issues in complaint were resolved

No agreement was reached

MEDIATION SIGNATURE PAGE

Mediator Signature

**Agreement reached** (Party signatures required)

In addition to the listed issues and their resolutions, the parties agree:

1. All discussions that occurred during this dispute resolution process are confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding.
2. The mediator cannot be called to testify in the event of a due process hearing, state complaint investigation or other civil proceeding.
3. The mediators’ notes and records cannot be used as evidence in any due process hearing, state complaint investigation or other civil proceeding.
4. **This is a legally binding agreement enforceable in any state court of competent jurisdiction or in a district court of the United States.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/District representative with authority to bind this agreement

Signature:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Student if over 18

Signature:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent

Signature:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other party to this agreement/Role

Signature:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other party to this agreement/Role

Signature: