

IDEA MEDIATION REQUEST FORM

*To request mediation services, complete this form and fax (808-538-1454) or email it to
The Mediation Center of the Pacific at: mcp@mediatehawaii.org.*

Date of Request: _____ **Date of Due Process Request (if filed):** _____

Name of Student: _____ **Sex:** _____ **Date of Birth:** _____

School: _____ **District:** _____

| School Information | Parent Information |
|-------------------------|--------------------------------|
| Principal: _____ | Name: _____ |
| Address: _____ _____ | Relationship to student: _____ |
| Phone: _____ | Address: _____ _____ |
| FAX: _____ | Phone: _____ |
| Contact Person: _____ | Name: _____ |
| Position: _____ | Relationship to student: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Phone: _____ | Phone: _____ |

What are the issue(s) in dispute? _____

Has a request for a Due Process Hearing been filed on the issue(s)? Yes No

If "Yes", please attach a copy of the request to this form.

| For Mediation Center Use | |
|-----------------------------|--|
| Date of Referral: _____ | Date of Service: _____ |
| DISPOSITION: _____ _____ | |
| Mediation: | |
| _____ | 1. Parent(s): No contact with Mediation Center |
| _____ | 2. Parent(s) declined mediation |
| _____ | 3. Case mediated with no agreement |
| _____ | 4. Case mediated with agreement reached |
| _____ | 5. DOE: No show for mediation |
| _____ | 6. Parent(s): No show for mediation |