

**Florida Department of Education**  
Bureau of Exceptional Education and Student Services  
Dispute Resolution

## Request for Exceptional Student Education (ESE) Mediation

**Directions:** This form should be completed by individuals who wish to request a state sponsored ESE mediation. Please complete, sign, and forward one copy of this form to the Bureau of Exceptional Education and Student Services; retain another copy for your records.

*Please Print*

**Student Information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth – Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

Exceptionality/ies: \_\_\_\_\_

School district in which the student is enrolled: \_\_\_\_\_

Name of student's school: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent / Student Representative Contact Information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Telephone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Note:** *Individuals representing the parents and "other student representatives" must submit signed statements authorizing that they may act on the parent or student's behalf.*

I, \_\_\_\_\_, request state-sponsored ESE mediation. I understand that  
Print Name

**all discussions shared during the course of the mediation session are confidential. I understand that my request for mediation does not waive my rights to a due process hearing. I understand that the desired outcome of mediation is to enter into a mutual agreement that is in the best interest of the student. I understand that the mediation agreement is a legally binding contract, which is enforceable in a state court of competent jurisdiction or in a U.S. district court. I understand that I may not compel the attendance of the mediator in any future due process or judicial proceedings.**

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

**Need for Interpreter:**

Please complete this section if an interpreter is needed in order for an individual to participate in the mediation.

**Person needing interpreter services:** \_\_\_\_\_

**Language (i.e. Spanish, Haitian-Creole, Sign Language):** \_\_\_\_\_

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**Statement of Issues:**

Please use the space below to describe the ESE issues that you wish to mediate.

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**District Contact Information (to be completed if submitted by district personnel only):**

**Name of School District Representative:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Mailing Address of school district's central office:**

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