



Oklahoma State Department of Education  
**Parent Agreement to Mediate and Request for Mediation**

I, \_\_\_\_\_, have read and understood the written materials describing mediation services and have been fully informed that the mediator is not providing the parent(s), the school, or the child with legal representation. I also understand that the mediator is not providing counseling or therapy services.

I am choosing to pursue mediation to try to reach an agreement on some or all of the issues regarding my child's special education program. I understand that the mediation process will involve the mediator's speaking privately to the parent(s) and the school representative(s). I understand that the mediator(s), acting as a neutral third party, will work with each of us to develop an agreement that is mutually beneficial.

If an agreement is reached, I understand that the signed agreement will be shared with other individuals working with my child. I understand that discussions during the mediation session will be confidential and will not be used during subsequent proceedings. I, therefore, agree not to call the mediator(s) as a witness in any future proceedings pertaining to the child's case.

The following is a summary of the issue(s) I would like discussed at the mediation with the school:

I have received a copy of my ***"Parents Rights in Special Education."***

Student \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Parent(s) signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT TO:**  
**SPECIAL EDUCATION RESOLUTION CENTER**

9726 E. 42nd Street, Tulsa, OK 74146  
 (888 ) 267-0028  
 (918) 270-1849  
 Fax ( 918) 270-2062

