Aging and Disability Services Division
IDEA Part C

Mediation Request Form

Date Request Received by the Part C Office:

What to Know About Mediation:

- Mediation is voluntary and fair for everyone.
- It helps resolve problems about Early Intervention (EI) services under Individuals with Disabilities Education Act (IDEA) Part C.
- It can be used anytime, even before filing a complaint.
- It can be used before filing a due process complaint.
- It helps families and service providers work together to find solutions.
- Anyone can stop mediation at any time.
- A trained, neutral person leads the meeting and knows Part C rules.
- Mediation cannot be used to delay or take away a parent's rights under IDEA Part C.
- If both sides agree, the agreement will be written down and can be enforced by a state or federal court.
- What is said during mediation is private and cannot be used in court or hearings.
- If mediation doesn't work or someone doesn't want to continue, they can move forward with the dispute process. (34 CFR 303.431)

Mediation Request Form

1. Parents or the EI program can fill out this form.
2. You don't have to use this form to ask for mediation. For help, contact:
3. Fill out your part and sign the form.
4. Parents (or their representatives) and EI programs can ask for mediation together. This is called a joint request. For a joint request, one person fills out the form and sends it to the other person to sign.
5. Send the signed form to the IDEA Part C Office.
6. If it's not a joint request, the other person will be asked if they agree to mediation before a mediator is assigned.
7. The Part C Office will check if the issue is covered by IDEA Part C and then assign a mediator.
8. The mediator will contact both sides to set up the meeting and share the date, time, and location.

SEND COMPLETED FORM BY MAIL OR FAX TO:

Nevada IDEA Part C Office

Attn: Part C Coordinator

680 W. Nye Lane, Suite 102

Carson City, NV 89703

Phone: 1-800-522-0666

Fax: 702-836-1945

Email: **elnewman@adsd.nv.gov**

Aging and Disability Services Division
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Date:

Dispute Resolution Complaint Number:

Name of Child:

Date of Birth:

Name(s) of Parent(s):

Address of Parent(s) (or contact information if unhoused):

Street Address:

City/State/Zip Code:

Child's Address (if not the same as the parent address):

Street Address:

City/State/Zip Code:

Parent Contact Phone Number(s):

Parent E-Mail Address (if available):

Early Intervention Program Name:

Name of Early Intervention Program Representative(s):

Early Intervention Contact Phone Number(s):

Early Intervention Email Address:

Summary of Complaint

The person filling out this form is asking for mediation.

☐ In-Person ☐ Virtual (through Zoom or another HIPAA compliant platform)

Please check the boxes that apply and fill in any details, if known:

A due process complaint has been filed: ☐ Yes ☐ No

Date Filed:

Date the Decision is due (this is listed in the Complaint Response letter):

Has a due process hearing been scheduled? ☐ Yes ☐ No

If yes, when:

Has a hearing Officer been assigned? ☐ Yes ☐ No

If Yes, Name of Hearing Officer:

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A state complaint has been filed: ☐ Yes ☐ No

Date Filed:

Date the Investigation Report is Due:

If any help is needed during mediation (like language support or accessibility), please describe it here:

Submitted by:

Parent(s) Signature: Date:

IDEA Part C Office Representative Signature: Date:

Clear Form