



Susie Hedalen
State Superintendent
opi.mt.gov

IDEA Request for Mediation

Information about requesting Individuals with Disabilities Education Act (IDEA) mediation, IDEA Special Education Part B Procedural Safeguards Notice, and dispute resolution options are available on the OPI Special Education Dispute Resolution Website: <https://opi.mt.gov/Educators/School-Climate-Student-Wellness/Special-Education/Dispute-Resolution/Mediation>.

Use of this form is voluntary. Mediation is only available to parents and public agencies. The OPI Dispute Resolution Office is only authorized to mediate disputes involving Part B of the IDEA. Rules related to IDEA Mediation can be found at 34 CFR 300.506 and Administrative Rules of Montana 10.16.3506. Items marked with an asterisk (*) are optional.

Date of Request _____

Student Information

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

*Address: _____
(In the case of a homeless student, available contact information)

*City/State/Zip: _____

Name of School/Public Agency Student Is Currently Attending: _____

Parent Information

Name of Parent: _____

Address: _____

City/State/Zip: _____

*Telephone: _____ *Email: _____

Local Educational Agency (LEA)/Public Agency Information

Name of Representative or Contact (if known): _____

Address: _____

City/State/Zip: _____

*Telephone: _____ *Email: _____

Summary of Issue(s) in Dispute

Describe the nature of the special education dispute. (Attach additional explanation, if necessary.)

***Mediator**

Have the parties already agreed on an OPI mediator? ___Yes ___No

If yes, the parties agree to have _____ as the mediator.

If no, the OPI will mail each party a list of three mediators from its list of qualified mediators. Upon receipt of the list, the parties shall have three business days to review the list, to prioritize their selections, and to return the prioritized list to the OPI. Based on the parties' rankings, the OPI will appoint a mediator.

***Due Process**

Has a due process hearing been requested? ___Yes ___No

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

Has a hearing been scheduled? ___Yes ___No If yes, what is the date of the hearing? _____

By signing and submitting this form, we are requesting mediation. We understand mediation is voluntary and may not be used to delay or deny the right to a due process hearing.

Parent Signature (required) Date

LEA/Public Agency Administrator Signature (required) Date

Mail this form to:

Dispute Resolution Office
Superintendent of Public Instruction
P.O. Box 202501
Helena, MT 59620-2501

NOTE: OPI does not accept faxed or electronically transmitted IDEA Mediation Requests, as they do not meet the requirements under ARM 10.16.3506.



The OPI makes reasonable accommodations for persons with disabilities. If you need an alternative accessible format of notices or final report or have questions about accessibility, please contact the Dispute Resolution Office at (406) 444-2046.