

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) Request for Mediation

Information about requesting 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:	ition)	
*City/State/Zip:		
Name of School/Public Agency Student Is C	urrently Attending:	
Parent Information		
Name of Parent:		
Address:		
*Telephone:	*Email:	
Local Educational Agency (LEA)/Public /	Agency Information	
Name of Representative or Contact (if know	n):	
Address:		
*Telephone:	*Email:	



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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 med	diator?YesNo
If yes, the parties agree to have	as the mediator.
If no, the OPI will mail each party a list of three i	mediators from its list of qualified mediators. Upon receipt of th
list, the parties shall have three business days	to review the list, to prioritize their selections, and to return th
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?	YesNo
If "Yes," please attach a copy of the due proces	ss 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 r and may not be used to delay or deny the rig	requesting mediation. We understand mediation is voluntar ght to a due process hearing.
Parent Signature (required)	Date Mail this form to:
	Dispute Resolution Office

LEA/Public Agency Administrator Signature (required) Date

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

NOTE: OPI does not accept faxed or electronically transmitted IDEA Meditation 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.