# WDE SPECIAL EDUCATION

# AGREEMENT TO MEDIATE

Date received by	, WDE	
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**DIRECTIONS:** A copy of this Agreement to Mediate should be retained for your records. The signed Agreement to Mediate should be returned to WDE by email, mail, or fax to:

> State Director of Special Education Wyoming Department of Education Special Education Programs 122 W. 25th Street, Ste. E200 Cheyenne, Wyoming 82002 (307) 777-2961 FAX: (307) 777-6234

Email: wde-disputeinbox@wyo.gov

#### INFORMATION ABOUT THE CHILD:

Name of Child	DOB
Name <sub>(s)</sub> of Parent or Guardian	Name <sub>(s)</sub> of Parent or Guardian
Address (City, State, & Zip)	Address (City, State, & Zip)
INFORMATION ABOUT THE DISTRICT OR AGENCY:	
Name of District or Agency	
Name of District or Agency Representative and Title	

## THE PLEDGE:

- Mediation is a voluntary process. Both parties must agree to participate in mediation, and must agree to keep the discussions of mediation confidential as described below.
- The discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding of any Federal or State court.

- All notes created during the mediation session shall be destroyed at the conclusion of mediation.
- The mediator shall not be called to testify about the mediation in any subsequent proceeding.

### **SIGNATURES:**

Signature and Title of the person(s) filing or agreeing to this Request	Date	
Signature and Title of the person(s) filing or agreeing to this Request	Date	

Signing this Agreement to Mediate is recommended but not required to begin the mediation process.