

AGREEMENT TO MEDIATE

Date received by WDE _____

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(s) of Parent or Guardian

Name(s) 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.

