

## **MEDIATION REQUEST FORM**

### America Samoa Department of Education

### Purpose

This model form may be used by a parent or a public agency to request mediation regarding disputes under the Individuals with Disabilities Education Act (IDEA). Mediation is voluntary on the part of the parties.

#### Instructions

Complete this form and deliver by mail, electronically (email), or hand-deliver it to the ASDOE Special Education Division. This form is optional. Contact information for the ASDOE Special Education Division is located at the end of this form.

## **Student Information**

Student's Name:	Date of Birth:	
Age:	Grade:	
Name of the school the student attends:		
Background Information		
Is this a stand-alone mediation request?   Yes   No		
Is this connected to a due process hearing request? ☐Yes ☐No		
Is this connected to an expedited hearing request?   Yes   No		
Briefly describe the nature of problem and any facts relating to the problem. (Attach additional pages if necessary)		
For Parent, Adult, Student, Or Interest	ed Party	
Did you notify the school of this problem?		
If yes, include date of notification:		
Person notified: M	ethod of Notification:	

## To Be Filled By the School

Did you notify the parent or adult of the initiation of this request?	
If yes, include date of notification:	
Person notified:	Method of Notification:

# **ASDOE Special Education Division Contact Information**

ASDOE Contact: Leilani Maifea, Compliance Officer

Address: ASDOE Special Education Division

Fagaalu, American Samoa 96799

Phone Number: 684-633-1323 or 684-633-4789

Email: asdoe.speddr@doe.as