

**HAWAI'I STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
MEDIATION REQUEST FORM**

To request mediation services, you may call The Mediation Center of the Pacific (MCP) at (808) 521-6767 or complete and send this form to MCP through email: mcp@mediatehawaii.org or fax: (808)-538-1454. For assistance completing the form, please contact the Mediation Center of the Pacific or the Monitoring and Compliance Branch at specialcomplaints@k12.hi.us or (808) 307-3600.

Date of Request: _____ **Name of Student:** _____


Date of Birth: _____ **Current School:** _____

School Information	Parent/Adult Student Information
Principal: _____	Name: _____
Alternate Contact (optional): _____ _____	Address: _____ _____
Phone: _____	Phone: _____
	Email: _____

Please describe the issue(s) of disagreement. You may attach any additional information.

Has a request for a Due Process Hearing been filed on the issue(s)? Yes No

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

For Mediation Center Use	
Date of Referral: _____	Date of Service: _____
DISPOSITION: _____	
Mediation:	
<ol style="list-style-type: none"> 1. Parent(s): No contact with Mediation Center 2. Parent(s) declined mediation 3. Case mediated with no agreement 4. Case mediated with agreement reached 5. DOE: No show for mediation 6. Parent(s): No show for mediation 	
 THE MEDIATION CENTER <i>of THE PACIFIC</i>	