

Wisconsin Special
Education Mediation
System (WSEMS)

REQUEST FOR SPECIAL EDUCATION MEDIATION

INSTRUCTIONS: Complete and submit one (1) signed copy. Retain a copy for your records. Submit signed form to:

WISCONSIN SPECIAL EDUCATION MEDIATION SYSTEM

Gia Pionek PO BOX 70693 Milwaukee, WI 53207 PHONE: 1 - 888 - 298 - 3857

Website: wsems.us E-mail: gia@wsems.us

1.	Either the parent or school district m	ay initiate the mediation process by completing this Request for	or Special Education Mediation form and
	sending the completed form to the WS	EMS.	

- 2. Both the parents and school district administrator may jointly complete a single Request for Special Education Mediation form. The form should be mailed or emailed to the WSEMS at the address or phone number shown. The WSEMS will arrange mediation at a location, date, and time convenient to both parties.
- 3. If a non-joint request, the WSEMS will notify the other party in writing of the request for mediation with a request that the other party notify WSEMS within five (5) business days after receiving the notice of their willingness to participate in mediation. If the responding party agrees to mediate, WSEMS will appoint a qualified mediator to arrange a mediation session. If the WSEMS does not receive a timely response or if the other party notifies the WSEMS of their refusal to participate in mediation, the WSEMS will so notify the requesting party.

MEDIATION REQUEST	
(Attach additional page if needed)	

We wish to request that WSEMS will convene a special education mediation session regarding the following unresolved issues:

		GENERAL	LINFORMATION		
Name of School District A	dministrator (Super	intendent)	Name of Student		Date of Birth
Name of School District Address			Name of Parent/Guardian Address		
Telephone Area/No.	E-mail		Telephone Area/No.	E-mail	
		SIG	GNATURES		

understand mediation is a voluntary dispute resolution option available to encourage early resolution of issues whenever possible. We understand that mediation may not delay or deny the right to a due process hearing or IDEA complaint. We understand that mediation is confidential and that the information will not be shared with others. We understand that signing this request gives the WSEMS mediator, Intake Coordinator, and System Administrator access to information about the student, including information from the IEP document, disability information, and school day schedule.

Signature of School District Administrator (Superintendent)	Date Signed	Signature of Parent/Guardian/Adult Student	Date Signed

10/4/21

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