



# Tennessee Department of Education Special Education Mediation Request Form

Office of General Counsel  
Andrew Johnson Tower, 9th Floor  
710 James Robertson Parkway  
Nashville, Tennessee 37243

**Email completed forms to the school district and [dispute.resolution@tn.gov](mailto:dispute.resolution@tn.gov).**

Name of Child		Child's Date of Birth <i>Month/Day/Year</i>		Child's Disability	
School District		School Child is Attending			
Parent/Guardian Information			School District Administrator Information		
Name			Name		
Address			Address		
City		Zip Code	City		Zip Code
Home Phone	Cell Phone		Phone		Fax
Email Address			Email Address		
If represented by an attorney:			If represented by an attorney:		
Name of Attorney			Name of Attorney		
Address			Address		
City		Zip Code	City		Zip Code
Phone	Fax		Phone		Fax
Email Address			Email Address		
<input type="checkbox"/> We understand this request is for mediation only. A due process hearing <b><i>has not</i></b> been requested.					
<input type="checkbox"/> We understand this request is for mediation concurrent with a request for a due process hearing. A written request for a due process hearing has been forwarded to the Director of Schools.					
Summary of issues to be mediated:					
Signature of Parent/Guardian		Date	Signature of School District Administrator		Date