

**WELLNESS AND STUDENT CARE DEPARTMENT**

**Instructions:** Mediation is a voluntary process that requires the agreement of both the parent and school district to participate. Requests may be initiated by either the district or parent/guardian/surrogate parent/adult student.

Please provide the following information in order to initiate a request for mediation. Unknown or not applicable sections should be marked as such. **If you are submitting an initial request for mediation, please leave Section VI and VII blank.** The Mediation Coordinator will contact the other party to obtain their consent to participate in mediation. The Requests may be submitted via U.S. Mail or email.

This completed form should be submitted to:

**Mediation Coordinator**  
**Wellness & Student Care Department**  
**Illinois State Board of Education**  
**100 N First St, E-222**  
**Springfield, IL 62777-0001**

**Email:** [restrainttimeout@isbe.net](mailto:restrainttimeout@isbe.net)  
**Telephone assistance:** (217) 782-5270

**SECTION I – STUDENT INFORMATION**

STUDENT FIRST NAME	STUDENT LAST NAME	DATE OF BIRTH
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**SECTION II – PARENT INFORMATION**

PARENT/GUARDIAN/SURROGATE PARENT NAME	DAY TELEPHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
ADDRESS (Street, City, State, ZIP Code)		EMAIL	
NAME OF PARENT'S ATTORNEY/ADVOCATE (If applicable)	TELEPHONE (Include Area Code)		
ADDRESS (Street, City, State, ZIP Code)		EMAIL	

**SECTION III – SCHOOL DISTRICT INFORMATION**

DISTRICT NAME AND NUMBER	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL
PRIMARY DISTRICT CONTACT NAME/TITLE	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code) (If different from district)	EMAIL
NAME OF DISTRICT ATTORNEY (If applicable)	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL

#### SECTION IV – DESCRIPTION OF THE ISSUE(S)

Brief description of the dispute and the resolution you are seeking:  
*(Do not go beyond space provided. Submit additional pages if necessary.)*

#### SECTION V – REQUESTOR INFORMATION

NAME OF PERSON COMPLETING THIS FORM	DAY TELEPHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMAIL	
IDENTIFY YOUR ROLE: <input type="checkbox"/> Parent/Guardian/Surrogate Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Parent's Advocate <input type="checkbox"/> Parent's Attorney <input type="checkbox"/> District <input type="checkbox"/> District's Attorney	
I hereby request state-sponsored mediation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div><div>_____ <i>Original or Digital Signature of Requestor</i></div><div>_____ <i>Signature Date</i></div></div>	

#### SECTION VI – INFORMATION TO BE COMPLETED BY OTHER PARTY

NAME OF PERSON COMPLETING THIS FORM	DAY TELEPHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMAIL	
IDENTIFY YOUR ROLE: <input type="checkbox"/> Parent/Guardian/Surrogate Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Parent's Advocate <input type="checkbox"/> Parent's Attorney <input type="checkbox"/> District <input type="checkbox"/> District's Attorney	
I hereby agree to participate in state-sponsored mediation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div><div>_____ <i>Original or Digital Signature of Other Party</i></div><div>_____ <i>Signature Date</i></div></div>	

**SECTION VII – INFORMATION TO BE COMPLETED BY HOME DISTRICT *(if applicable)***

NAME OF PERSON COMPLETING THIS FORM

DAY TELEPHONE (Include Area Code) ☐ Home ☐ Work ☐ Cell

EMAIL

IDENTIFY YOUR ROLE:

☐ Superintendent☐ Director of Special Education☐ District's AttorneyI hereby agree to participate in state-sponsored mediation: ☐ Yes ☐ No

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***Original or Digital Signature of Home District Party***

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***Signature Date***