



**QUEEN ANNE'S COUNTY
PUBLIC SCHOOLS**
Where Our Future Begins

QACPS Request for Mediation

Name of Student: _____ Date: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: MD Zip: _____

Phone number #1: _____ Phone Number #2: _____

Parent/Guardian Email: _____

Is it okay to contact you by email? YES NO

We wish to request that the department appoint a mediator who will convene a special education mediation session regarding the following unresolved issues.

Proposed solutions in which the district could remedy the situation related to the aforementioned unresolved issues.

Parent/Guardian Signature & Date
Administrative Use Only:

Supervisor of Special Education Signature & Date

Date Received: _____

Date Entered in File: _____