

**Aging and Disability Services Division**  
**IDEA Part C Services**

**Mediation Request**

Enter a date.  
(Date)

Dear Early Intervention Program Manager:

I would like to request mediation. I am concerned about the early intervention services that my child, (Child's First, Last Name), Click to add child's first last name. is or should be receiving.

The reasons for this request are below: (Describe the problem)

Click to add text

I hope you will agree to this request. If so, I understand someone will contact me to schedule mediation. The best time to reach me is on these (Day[s]) Enter days at  
(Time[s]) Enter times.

Sincerely,

Click or tap here to enter text.  
(Your Signature)

Click to add first, last name.  
(Your First and Last Name)

Click to add mailing address.  
(Your Mailing Address)

Click to add phone number.  
(Your Phone Number)