



REQUEST FOR EARLY INTERVENTION MEDIATION

Birth to Three Early Intervention Program

Mediation is a process in which a trained, impartial mediator supports the parties in voluntarily working together to resolve a disagreement. Consistent with Delaware early intervention state policy and Part C of the federal Individuals with Disabilities Education Act (IDEA), the Birth to Three Early Intervention Program makes mediation available to parents to resolve disagreements with the Birth to Three Early Intervention Program, a Birth to Three Early Intervention Regional Program, an early intervention evaluator, or an early intervention service provider. Mediation may be used to resolve any disagreement related to the provision of any aspect of the early intervention evaluation and/or services for an infant or toddler with a disability and the child's family.

The Birth to Three Early Intervention Program is responsible for the costs of mediation, and all parties must agree to try mediation before it can be attempted.

The parents or another party may use this form (or another format such as an email, letter, or fax) to make a request for mediation, which must be sent to the Birth to Three Early Intervention Program at one of the following addresses:

Birth to Three Early Intervention Program
410 Federal Street, Suite 7
Dover, DE 19901
Email: DHSS_DPH_BirthtoThree@delaware.gov
Fax: 302-622-4141

A parent may request assistance in completing this form by contacting the Birth to Three Early Intervention Program. A description of the mediation process and other options (complaint and due process hearing) is available in the [Guide to Parent Rights](#) brochure or call 302-739-2730 to request a copy. The *Guide to Parent Rights* is available in English, Spanish, and Haitian Creole.

REQUIRED INFORMATION

Name of Person Requesting Mediation:

Relationship to the Child:

Telephone Number(s):

Email Address (optional):

Address:

City:

State:

Zip Code:

Child's Name:

Child's Date of Birth;

Name of other party:

Telephone Number:

Signature of Person Requesting Mediation:

Date

The following information is helpful, but not required.

Provide a brief description of the dispute involving early intervention services (optional):

Provide a brief description of the attempts made to resolve the dispute prior to requesting mediation (optional):