Early Intervention Mediation Agreement

Child Name _____ Child EIP Number_____

Parent(s) Name(s) _____ Date _____

County of Residence _____ CDRC _____

Case Number _____ Mediator Name _____

EIO Name _____ Service Coordinator Name_____

In compliance with Federal Law (IDEA) and the New York State Department of Health regulation discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding 34 CFR 303.431(5)(i). This agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States. 20 U.S.C. 1415(e).

We the undersigned parties, having resolved our dispute in the above case number, hereby agree that we have voluntarily consented to the mediation process and that our settlement, outlined in the "Terms and Conditions", below is an accurate reflection of our resolution.

The service coordinator shall ensure that the terms of services agreed to in the written agreement are incorporated into the IFSP within five days of receipt of the written agreement.

Parent Signature _____ Date _____

Parent Signature_____ Date _____

EIO Signature_____ Date _____

Mediation Agreement Terms and Conditions

_____

_____

_____

_____

_____

Mediation Agreement Terms and Conditions (contd.)

Unresolved Issues