

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619

Division of Early Intervention

**Early Intervention Mediation Request Form**

Mediationis a confidential, voluntary, informal process that can help solve disagreements between parents and an Early Intervention program. Parents or an EI program may ask for mediation when there are different opinions or views about the child’s early intervention experience. Parents and Early Intervention staff meet with an impartial person, (the mediator), who is trained in mediation and special education. The mediator does not take sides or make~~s~~ a decision about the disagreement. The mediator works with parents and the EI program to talk about the issue(s), develop new ideas and help both sides create their own agreements. If both sides reach an agreement, it is written in a mediation agreement. If there is no agreement, the two sides can continue to try to work together or ask for a due process hearing.

You may call or email Mary Dennehy-Colorusso at **978-851-7261, ext. 4016** to request mediation. You may also complete this form or write your own letter.

Child Information: Your Information:

Name:

Address:

Telephone #:

Child’s Name:

DOB:

Address:

City, State, Zip Code:

If the child is homeless, please provide a contact name and address if different than above:

Name of Early Intervention Program:



Please list any accommodations, including translation you need:

**Provide a brief statement of the concern(s) or disagreement(s) to be discussed at the mediation.**

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Signature of person completing form Date Signature of Parent Date

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Signature of Parent Date

Please send a copy of this form to:

Mary Dennehy-Colorusso

Procedural Safeguards Coordinator

MA Department of Public Health

DPH Northeast Regional Health Office

Tewksbury Hospital

365 East Street

Tewksbury, MA 01876

You may also fax this form and supporting documents to:

978-640-1027

Or email\*

[Mary.dennehy-colorusso@state.ma.us](mailto:Mary.dennehy-colorusso@state.ma.us)

**AND**

**You must send a copy of this form to the EI program. To find your EI program, go to:** <http://massfamilyties.org/ei/eicity.php>

We will mail you a letter within 7 business days once we receive this form. If you do not receive a letter, please call 978-851-7261 ext. 4016.

\*Note: Information sent from a personal email does not transmit through a secure server or network.