



Emily Mostovoy-Luna, Associate Superintendent

## Alternative Dispute Resolution (ADR) Mediation Participation Guidelines, Code of Ethics, and Informed Consent

**PURPOSE:** The purpose of these guidelines is to inform those participating in the SELPA level Mediation process what they can expect. Adoption of these code of ethics is entirely voluntary. By signing, all participants freely and without coercion affirm their commitment to abide by the guidelines set forth below:

1. The purpose of the SELPA Level Mediation Service provided by VC SELPA is to assist the parent/guardian(s) and district representative(s) to work together in a collaborative manner to effectively create an agreement that benefits the student and maintains a positive working relationship between the family and district.
2. I understand that by participating in the VC SELPA Level Mediation, this does not deny or delay a parent's right to file with the Office of Administration Hearings (OAH) for Due Process.
3. I understand and agree that the discussions that occur during the mediation process relating to the subject matter of the mediation shall be CONFIDENTIAL and may not be used as evidence in any subsequent due process hearings or civil proceedings.
4. I am authorized to make decisions and create an agreement for resolution on behalf of my child or the district.
5. I understand that all resolution agreements are voluntary, and that the mediator(s) cannot force any such agreement upon me.
6. I understand that the SELPA Level Mediator will not treat as confidential any communication relating to child abuse or neglect that is disclosed during the mediation process, whether or not it relates to the subject matter of the mediation or whether it is made during the intake stage or actual mediation. I acknowledge and agree that the SELPA Mediator has the right to disclose any communication made by me during a mediation relating to child abuse or neglect to the appropriate state and local governmental authorities.

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

District Representative(s) Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

Mediator Signature: \_\_\_\_\_ Date: \_\_\_\_\_