

Reference Number _____

CONFIDENTIALITY PLEDGE

We understand that discussions held in mediation are to be kept confidential. Nothing that is said may be used as evidence in any later due process hearing or other legal action. Specifically, we agree to the following:

- We are not allowed to tell anyone about discussions during the mediation process. This includes statements made, settlement proposals made or rejected, and the reasons an agreement was not reached, if that happens. We may not discuss information regarding mediation discussions with a judge, administrative hearing officer, complaint investigator or arbitrator. However, the parties may discuss information, on a need to know basis, with appropriate staff and professional advisors. Also, a parent may disclose mediation discussions to his/her spouse.
- We agree that we will not at any time, before, during, or after mediation, call the mediator or anyone associated with the mediator as a witness. This includes any judicial, administrative, or arbitration proceeding concerning this dispute.
- We agree not to subpoena or demand the production of any recordings, records, notes, work product, or other written information of the mediator in any judicial, administrative, or arbitration proceeding concerning this dispute.
- If at a later date, either party decides to subpoena the mediator, or the mediator's records, the mediator will contest the subpoena. The party making the demand agrees to reimburse the mediator for all expenses related to contesting the subpoena. This includes attorney fees, plus the mediator's hourly rate during the mediation process.
- The exception to the above is that this agreement to mediate and any written agreement made and signed by the parties as a result of mediation may be used in any relevant proceeding, unless the parties agree in writing not to do so.

Adapted from: Senate Report 105-17, Committee on Labor and Human Resources, S.717, Individuals with Disabilities Education Act Amendment of 1997.

Family member:	_____	Signature
Date:	_____	Type or Print Name
Family member:	_____	Signature
Date:	_____	Type or Print Name
Education Agency Representative:	_____	Signature
Date:	_____	Type or Print Name

NOTE: Mediation cannot and will not begin until the Mediation Consultant or mediator has received the signed Confidentiality Pledge.

Please FAX & mail to: Mediation Consultant
Special Education Services
KS State Dept. of Education
120 SE Tenth Avenue
Topeka, KS 66612-1182
Phone: (800) 203-9462 or (785) 296-5478
FAX: (785) 296-6715