



File Number _____
(For Department Use Only)

MEDIATION AGREEMENT

Name of Child _____ Date of Birth _____

Date of Mediation _____

Local Early Steps _____

Parties:

Parent/Guardian

Local Early Steps Representative

Other Participants (*Please include relationship to child*):

Terms of Agreement (*Use additional pages if necessary*): _____

Parent/Guardian Signature

Local Early Steps Representative Signature

Print Name

Print Name

Parent/Guardian Signature

Mediator's Signature

Print Name

Print Name

Copy: Local Early Steps
Parent/Guardian
Children's Medical Services/Early Steps

