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| For use by school district or public agency. | Notice of Resolution Session 34 C.F.R. §300.510 |
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Directions: Please review the following Notice of Resolution Session. Complete sections 3 and 4, sign and return the completed form to your child’s school as soon as possible.

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| General Information |
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- In response to a parent's Due Process Hearing Request, within 15 days the school district or public agency must convene a meeting (Resolution Session) to give the parent an opportunity to discuss the Request and the district an opportunity to resolve the parent’s concerns. The school district will contact the parent to schedule this meeting.
- Participation in the Resolution process is a very important step prior to proceeding to a due process hearing. The Resolution Session can only be waived if both parties agree.
- The school district or public agency will attempt to schedule the Resolution meeting at mutually agreeable place and time. It is important for both parties to cooperate with attempts to convene the Resolution Session.

1. INFORMATION ABOUT THE CHILD

| Name of Child | DOB | Grade | School |
|---------------|-----|-------|--------|
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|--|--|
| Date the parent filed the Request for Due Process Hearing: | |
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2. INFORMATION ABOUT THE DISTRICT OR AGENCY

| Name of District or Agency & Administrator | Telephone Number |
|--|------------------|
| | |

3. RESOLUTION MEETING DETAILS

Please confirm the date and time you are available for the Resolution Meeting below:

| Check One | Date | Time | Location |
|--------------------------|------|------|----------|
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

4. RELEVANT MEMBERS OF THE IEP TEAM

The following individuals have been notified to attend this session:

| Name | Title |
|------|-------|
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| | |
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I/We request that the school district/public agency invite the following members of the IEP Team to attend the resolution session:

| Name | Title |
|------|-------|
| | |
| | |
| | |

If you have any questions please contact:

| Name & Title of Contact Person | Address | Phone | Email |
|--------------------------------|---------|-------|-------|
| | | | |

Parent
Signature _____ Date: _____

Please, sign, date and return this page of the notice as soon as possible.