

DUE PROCESS RESOLUTION AGREEMENT

Due Process Hearing No: _____

Student Name: _____

PEA: _____

Date: _____

The parties are satisfied with the resolution and agree to abide by and fulfill the following terms:

ISSUE(S)/RESOLUTION	
Issue 1: _____ _____ _____	
Resolution: _____ _____ _____ _____ _____	Start Date _____
Issue 2: _____ _____ _____	
Resolution: _____ _____ _____ _____ _____	Start Date _____

Issue 3:

Resolution:

Start Date _____

Please use additional pages, if necessary

Implementation Contact Person: The parties have agreed the following individual will be responsible for (a) coordinating and implementing the above stated resolution(s), and (b) serve as the point of contact:

Contact Person: _____

Phone number: _____

Email address: _____

The terms of this agreement, as stated, will be incorporated into the Student's Individualized Education Program (IEP) at an IEP meeting to be held on:

The terms of this agreement will NOT be incorporated into the Student's IEP.

PEA Authorized Representative's Signature

Date

Parent Signature

Date

Parent Signature

Date

ISSUE(S)/RESOLUTION

Issue :

Resolution:

Start Date _____

Issue :

Resolution:

Start Date _____
