**(SCHOOL OR LEA LETTERHEAD)**

***Notification of Enrollment, School Selection* *and/or Transportation and other McKinney-Vento Eligible Services Decision***

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| --- | --- | --- | --- | --- |
| **Date Submitted:** |  | **Submitted to:** | |  |
| **To be Completed by the LEA** | | | | |
| **Person Completing Form:** |  | **Title:** | |  |
| **School Name:** |  | **LEA:** | |  |
| In compliance with Section 42 USC §11432(g)(3)(E) of the McKinney-Vento Homeless Education Assistance Act (MKV) of 2001, this written notice of denial of enrollment, school selection and/or transportation eligibility **and other McKinney-Vento eligible services**request is provided to (**please provide names for the following**): | | | | |
| **Parent, Guardian, Unaccompanied Youth, or Caseworker Name:** |  | |  | |
| **Student or Students Name(s):** |  | |  | |
| **Explanation and Description of Reason(s) for Denial** | | | | |
| After reviewing the request to enroll and/or receive transportation services for the above student(s), the enrollment and/or transportation request is denied for the following reason(s)as described in the spaces below *(please provide an explanation in the spaces provided of how the school reached its decision regarding this claim using the following guided questions)*: | | | | |
| **Guided Questions:** | **Explanation or Description of Action/Activity** | | | |
| What action was proposed and what was the rationale for this proposal? |  | | | |
| What action was refused and what was the rationale for this refusal? |  | | | |
| What other options did the school consider? |  | | | |
| Why were other options rejected? |  | | | |
| What, if any, were the other factors relevant to the school’s decision?  Include descriptions of other factors and information related to the eligibility or best interest investigated, including fact finding sessions, witness interviews, review of evidence relied upon, and sources documented (address student-centered factors related to the child's or youth's best interest which presumptively is that the child/youth remains in the school of origin, including the impact of mobility on achievement, education, health, and safety)? |  | | | |
| What are the key dates related to this challenge that should be considered in the resolution of this dispute? |  | | | |

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| **“Your Right to Appeal” Disclaimer** | | | | |
| You have the right to appeal this decision by contacting your local school-based homeless liaison or LEA homeless liaison. You may also contact the Office of the State Superintendent of Education’s Homeless Education Program at (202) 654-6123, who will guide you through the appeal process. **Until the** [**Office of the State Superintendent of Education**](mailto:nicole.lee-mwhandha@dc.gov) **makes a final decision regarding your appeal, the above-named student will be allowed to attend the school of choice, and the school will provide transportation and other McKinney-Vento eligible services upon request.**  You may provide either written or verbal reasons for your appeal of this decision using the attached appeal form. The homeless liaison at your school will document all verbal appeals. | | | | |
|  |  |  |  |  |
|  | **School-based Homeless Liaison** |  | **Date** |  |
|  |  |  |  |  |
|  | **School or LEA Administrator/Authorizer** |  | **Date** |  |
|  |  |  |  |  |
|  | **LEA Homeless Liaison** |  | **Date** |  |
|  |  |  |  |  |

**Attachments:** Appeal Form

State Complaint Policy

**DISPUTE RESOLUTION APPEAL FORM**

This form is to be completed by the parent, guardian, or unaccompanied youth when a dispute arises over enrollment, school selection, or transportation assistance eligibility. The information may be shared verbally with the local educational agency (LEA) Homeless Liaison instead of completing this form (the homeless liaison will document all verbal claims). The Homeless Education State Coordinator can be contacted at (202) 654-6123.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date Submitted:** | |  | **Reference #:** | |  | |
| **Appeal Information** | | | | | | |
| **Person Completing Form:** | |  | **Submitted to:** | |  | |
| **Student or Students Name(s):** | |  | | | | |
| **Relationship to Student(s):** | | Parent/Guardian Unaccompanied Youth Advocate Other:\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Person Completing Form Contact Information:** | | Phone #: Email: | | | | |
| **I wish to appeal the enrollment decision made by:** | | | | | | |
| **School Name:** | |  | | | | |
| **Authorized by:** | |  | | | | |
| **Point of Contact regarding Claim:** | |  | | | | |
| **Acknowledgement of Compliance (**42 USC §11432(g)(3)(B)(iii) | | | | | | |
| **The student was immediately enrolled in the school of choice throughout the appeal process** | | | | | Yes  No | |
| **I received a written explanation of the school’s decision.** | | | | | Yes  No | |
| **The homeless liaison provided assistance in preparing the appeal and made school resources available (e.g., copying, mailing, and obtaining records)** | | | | | Yes  No | |
| **Please include a written explanation to support your appeal in the space below or**  **you may provide your explanation verbally to the homeless liaison (optional).** | | | | | | |
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| **Please sign and return completed form to the school or Homeless Education Program office** | | | | | | |
|  |  | | |  |  |  |
|  | **Signature of Person Submitting Dispute** | | |  | **Date** |  |
| **\*\*\*\*\*\*\* FOR SCHOOL USE ONLY \*\*\*\*\*\*\***   1. Send a copy of this completed form to the Homeless Education Program via e-mail to: [HEP.OSSE@dc.gov](mailto:HEP.OSSE@dc.gov) or fax to: (202) 299-2136. For additional assistance, call (202) 654-6123. 2. **Give a copy of this form to the parent, guardian, or unaccompanied youth.** 3. Maintain the original copy of this form at the school-based liaison’s office (enter liaison’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. For verbal submissions, please provide the name of the person receiving the data at the LEA or school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Status:  **Resolved at the school-level Escalated to the LEA Escalated to OSSE Unresolved/recommended for further review** | | | | | | |

**APPEAL DECISION CHECKLIST**

\*\*\* INTERNAL USE ONLY \*\*\*

This form is to be completed by the school and/or local educational agency (LEA) when a dispute over enrollment, school selection, or transportation assistance eligibility has been unresolved with the need to escalate to the next level for review. The information contained in this form must include the entire review process, an explanation of how the school reached its decision regarding eligibility, school selection, or enrollment. This form shall be accompanied by all supporting documentation submitted throughout the appeals process.

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| **Determination Date:** | | |  | | **Reference #:** | | |  | |
| **Appeal Information** | | | | | | | | | |
| **Name of Staff Completing Form:** | | |  | | **Resolved:** | | | Yes  No | |
| **Type of Dispute:** | | | Enrollment Transportation Assistance Eligibility School Selection | | | | | | |
| **Name of School(s) Enrolled:** | | |  | | **Date Enrolled:** | | |  | |
| **Supports provided during Appeal:** | | | Transportation Equipment Obtained Records Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Claimant Information** | | | | | | | | | |
| **Claim Filed by:** | | | Parent/Guardian Unaccompanied Youth Advocate Other:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Name of Claimant:** | | |  | | | | | | |
| **Contact Information of Claimant:** | | | Phone #: Email: | | | | | | |
| **Student or Students Name(s):** | | |  | | | | | | |
| *If this claim is unresolved, please proceed by answering the following questions:* | | | | | | | | | |
| **Unresolved Claims To Be Escalated** | | | | | | | | | |
| The dispute resolution process is intended to represent each party’s views (parent/unaccompanied youth, school, LEA) for objective consideration so that disagreements can be brought to closure expeditiously. **Please provide an explanation provided of how the school reached its decision regarding this claim and why the dispute needs to be escalated in the space below.** | | | | | | | | | |
|  | | | | | | | | | |
| **Supporting Educational Agency Staff Roles and Contact Information** | | | | | | | | | |
| **Please provide the name, contact information, and a brief description of the role in this appeals process of all educational agency staff members, including the school-based homeless liaison and/or the LEA homeless liaison.** | | | | | | | | | |
| **School-based Homeless Liaison Information:** | | | | | | | | | |
| **Name:** | |  | | | | | | | |
| **Contact Information:** | | Phone #: Email: | | | | | | | |
| **Brief Description of Role:** | |  | | | | | | | |
| **LEA Homeless Liaison Information:** | | | | | | | | | |
| **Name:** | |  | | | | | | | |
| **Contact Information:** | | Phone #: Email: | | | | | | | |
| **Brief Description of Role:** | |  | | | | | | | |
| **Homeless Education State Coordinator Information (if applicable/escalated):** | | | | | | | | | |
| **Name:** | |  | | | | | | | |
| **Contact Information:** | | Phone #: Email: | | | | | | | |
| **Brief Description of Role:** | |  | | | | | | | |
| **Routing Checklist and Escalation Authorization** | | | | | | | | | |
| **Reviewed by the School-based Homeless Liaison** | | Yes  No | | **Outcome:** | | | Resolved  Escalate to LEA | | |
| **Reviewed by the LEA Homeless Liaison** | | Yes  No | | **Outcome:** | | | Resolved  **Escalate to OSSE** | | |
| **Please sign and return completed form to the school or Homeless Education Program office** | | | | | | | | | |
|  |  | | | | |  | |  |  |
|  | **Signature of Person Submitting Dispute** | | | | |  | | **Date** |  |
|  |  | | | | |  | |  |  |
|  | **Signature of Administrator/Authorizer** | | | | |  | | **Date** |  |
|  |  | | | | |  | |  |  |
|  | **Signature of Person Submitting Dispute (if escalated to OSSE)** | | | | |  | | **Date** |  |
|  |  | | | | |  | |  |  |

cc: Student File