



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Overview

This document addresses requirements of 42 USC §11432(g)(1)(C) for resolving disputes applicable to the eligibility, enrollment, or school selection for homeless children and youth as covered by the McKinney-Vento Homeless Assistance Act (MKV). As required by 42 USC §11432(g)(1)(C), schools must develop and implement written procedures for the receipt and resolution of complaints alleging violations of law with regards to eligibility, school selection, or enrollment as covered by MKV (42 USC §11432(g)(3)(E)(i)). A request for appeal or resolution of an enrollment or placement dispute shall be filed with the local educational agency (LEA) first. If resolution is not reached at the LEA level, the request for appeal shall be escalated to the Office of the State Superintendent of Education (OSSE) after every effort has been made to resolve the issue through local written eligibility, enrollment, and school selection dispute resolution procedures or the timeline has expired for the LEA to respond. OSSE's Homeless Education State Coordinator will provide technical assistance to interested parties as requested and as necessary.

School-based and LEA Resolution Process

Disputes may arise between a school and a homeless student, parent, or guardian regarding, among other things, enrollment or transportation eligibility. The dispute resolution process begins at the time a school challenges the right of a parent, guardian, or unaccompanied youth to enroll a child or youth in school, to continue enrollment in school, or to receive services such as transportation assistance. This process is applicable when the parent, guardian or unaccompanied youth is attempting to enroll the child or youth in the in-boundary school or the school of origin and there is disagreement as to whether the school is the in-boundary school or the school of origin. It should be noted that when a child or youth completes the final grade level served by the school of origin, the school of origin includes the designated receiving school at the next grade level for all feeder schools (such as when an elementary school feeds into a middle school). (Section 722(g)(3)(I)(ii)).

At such a time, the school-based or LEA homeless liaison must be notified and immediately becomes involved. The homeless liaison will provide educational rights guidance (as prescribed by the federal guidelines of McKinney-Vento and the ESEA as amended by the Every Student Succeeds Act) to the school or LEA administrators, student and/or parent or guardian. The homeless liaison shall carry out the dispute resolution process as expeditiously as possible after receiving notice of the dispute. The associated LEA must follow a procedure that includes these steps:

1. The child or youth must be immediately enrolled in the school requested by the individual or organization submitting the complaint—immediate enrollment is defined as “attending classes and participating fully in school activities” (42 USC §11434(a)(1)). A student must be allowed to attend or enroll in the school that is challenging the student’s right to attend until all appeals have been exhausted.
2. The challenging school must provide transportation assistance and other school services as needed to the student until the dispute is resolved.
3. The parent or guardian of the child or youth, or (in the case of an unaccompanied youth) the youth, shall be provided with a written explanation on the day of the challenge that:
 - A. Must be provided in an understandable manner and form.
 - B. Identifies any decisions related to school selection or enrollment made by the school, the local educational agency, or the State educational agency involved.

- C. Explains the rights of the parent, guardian, or unaccompanied youth to appeal such decisions. This notice must include a form to be completed by the parent, guardian, or unaccompanied youth should he or she decide to appeal the LEA's decision (see attachment) and written guidance that he or she has 15 calendar days to submit the appeal. He or she must be informed that the right to appeal expires after 15 calendar days.
4. Notify OSSE of the challenge on the day of the challenge, and provide OSSE with copies of all notices given to the parent, guardian, or unaccompanied youth. These documents must be scanned and emailed to: HEP.OSSE@dc.gov. The homeless liaison will provide the parent, guardian, or unaccompanied youth with written notice in clear, easy-to-understand language detailing the dispute resolution process. The homeless liaison shall also assist the parent, guardian, or unaccompanied youth in preparing the appeal and shall make the resources of the school (e.g., copying, mailing, or obtaining records) available to the individual or organization submitting the complaint.
5. An LEA will have a maximum of 15 calendar days to review its initial decision upon receipt of a notice of appeal and make a final decision as to the position taken (i.e., whether it will continue to challenge the right of the student to be enrolled). The decision must state all factual information upon which it is based and the legal basis in support thereof.
6. The final decision of the LEA must be made in writing and must be made by the LEA's lead administrator or his/her designee.

State-level Resolution Process

If a dispute cannot be resolved at the LEA level and the parent, guardian, or unaccompanied youth has exercised their right to appeal as noted in number 4 above, then the LEA must permit the student to remain enrolled in the LEA and must continue to provide required services, including transportation assistance. OSSE will make the final determination by completing the following:

- A. OSSE will review all documentation including the school-level challenge, the LEA decision, and the appeal form.
- B. Within 15 calendar days, OSSE will make a determination of the appeal based upon the facts received and the MKV Act, and will notify the school, LEA, parent, guardian, or unaccompanied youth in writing of the decision. There's no appeal of OSSE's final decision.
- C. Once the determination has been submitted to all parties in writing, the school must immediately enroll, unenroll, provide required services including transportation support, or discontinue services.

FOR MORE INFORMATION

Please contact HEP.OSSE@dc.gov or call (202) 654-6123 for more information. OSSE program staff contact information is provided below for your convenience:

Nicole Lee-Mwandha
Homeless Education State Coordinator
(202) 654-6123
Nicole.Lee-Mwandha@dc.gov

Sylvelt Walker
Supervisory Education Policy & Compliance Specialist
(202) 478-2409
Sylvelt.Walker1@dc.gov

(SCHOOL OR LEA LETTERHEAD)

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

| | | | |
|--|---|----------------------|--|
| 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): | | | |
| <u>Explanation and Description of Reason(s) for Denial</u> | | | |
| 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 <i>(please provide an explanation in the spaces provided of how the school reached its decision regarding this claim using the following guided questions)</i> : | | | |
| <u>Guided Questions:</u> | <u>Explanation or Description of Action/Activity</u> | | |
| 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)? | | | |

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| What are the key dates related to this challenge that should be considered in the resolution of this dispute? | |
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| <u>"Your Right to Appeal" Disclaimer</u> | |
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| <p>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. <u>Until the Office of the State Superintendent of Education 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.</u></p> <p>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.</p> | |
| <hr/> School-based Homeless Liaison | <hr/> Date |
| <hr/> School or LEA Administrator/Authorizer | <hr/> Date |
| <hr/> LEA Homeless Liaison | <hr/> 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.

| | | | |
|---|---|---|--|
| Date Submitted: | | Reference #: | |
| Appeal Information | | | |
| Person Completing Form: | | Submitted to: | |
| Student or Students Name(s): | | | |
| Relationship to Student(s): | <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Advocate <input type="checkbox"/> 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 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I received a written explanation of the school's decision. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The homeless liaison provided assistance in preparing the appeal and made school resources available (e.g., copying, mailing, and obtaining records) | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | |
| <div style="border-top: 1px solid black; margin-top: 50px; text-align: center;"> Signature of Person Submitting Dispute </div> | | <div style="border-top: 1px solid black; margin-top: 50px; text-align: center;"> Date </div> | |
| ***** 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 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: <input type="checkbox"/> Resolved at the school-level <input type="checkbox"/> Escalated to the LEA <input type="checkbox"/> Escalated to OSSE <input type="checkbox"/> 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.

| | | | |
|--|---|-----------------------|--|
| Determination Date: | | Reference #: | |
| <u>Appeal Information</u> | | | |
| Name of Staff Completing Form: | | Resolved: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Dispute: | <input type="checkbox"/> Enrollment <input type="checkbox"/> Transportation Assistance Eligibility <input type="checkbox"/> School Selection | | |
| Name of School(s) Enrolled: | | Date Enrolled: | |
| Supports provided during Appeal: | <input type="checkbox"/> Transportation <input type="checkbox"/> Equipment <input type="checkbox"/> Obtained Records <input type="checkbox"/> Other: _____ | | |
| <u>Claimant Information</u> | | | |
| Claim Filed by: | <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Advocate <input type="checkbox"/> Other: _____ | | |
| Name of Claimant: | | | |
| Contact Information of Claimant: | Phone #: | Email: | |
| Student or Students Name(s): | | | |
| <i>If this claim is unresolved, please proceed by answering the following questions:</i> | | | |
| <u>Unresolved Claims To Be Escalated</u> | | | |
| <p>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.</p> <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div> | | | |

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:

| | | |
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| Name: | | |
| Contact Information: | Phone #: | Email: |
| Brief Description of Role: | | |

LEA Homeless Liaison Information:

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|----------------------------|----------|--------|
| 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

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| Reviewed by the School-based Homeless Liaison | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outcome: | <input type="checkbox"/> Resolved <input type="checkbox"/> Escalate to LEA |
| Reviewed by the LEA Homeless Liaison | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outcome: | <input type="checkbox"/> Resolved <input type="checkbox"/> 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