Office of the State Superintendent of Education
DISTRICT OF COLUMBIA
MAYOR ADRIAN M. FENTY

Resolution Period Disposition Form

This form is designed to assist the LEA in notifying the Hearing Officer and the Student Hearing Office (SHO) regarding the outcome of the resolution meeting(s). **Failure to notify the Hearing Officer and the SHO within 3 calendar days after the termination of the resolution period may result in a finding of noncompliance by the Office of the State Superintendent of Education, Quality Assurance and Monitoring Division.**

Student and Case Information

Student Name: _____

Student Date of Birth: _____

Student ID: _____

SHO Case Number: _____

Parent Information

Parent Name: _____

Parent Address: _____

Parent Phone Number: _____

LEA Information

Name of LEA: _____

LEA Representative: _____

LEA Representative Title: _____

LEA Address: _____

LEA Representative Phone Number: _____

LEA Representative Fax: _____

Resolution Meeting Information

Date Due Process Complaint Filed:_____

Date of Resolution Meeting(s):_____

Was meeting held within 15 calendar days or, in the case of an expedited discipline hearing, within 7 days? ☐ Yes ☐ No

If meeting was not held within 15/7days, reason for delay *(reason does not excuse the LEA from the obligation to comply with the 15/7 day timeline)*:_____

_____

_____

_____

_____

Resolution Outcome

I. Resolution Agreement

____ Resolution Agreement reached that satisfies all issues in the complaint. (All issues in the complaint have been resolved and an agreement has been reached to the satisfaction of the parties.) The parties agree the due process complaint should be dismissed.[1]

A copy of the Resolution Agreement must be forwarded to the Hearing Officer and the SHO.

II. No Resolution Agreement

A. ____ No agreement was reached by the end of the 30 day resolution period and the case should proceed to a due process hearing.

B. ____ Although the 30 day resolution period has not yet expired, the LEA and the parent agree that no agreement is possible and want the 45-day hearing timeline to start the day after this written agreement.

Signatures and Affirmation

I affirm that the information provided in this form is true and correct.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of LEA Representative Date

Mail, fax, e-mail, or deliver this form to:
Office of the State Superintendent of Education
Student Hearing Office
1150 5th St., SE, Suite 3
Washington, DC 20002
Fax: 202-478-2956
Email: hearing.office@dc.gov

[1] If some, but not all, issues in the due process complaint were resolved to the satisfaction of the parties, provide a copy of the Resolution Agreement to the Hearing Officer and the SHO.