

**Connecticut Department of Education  
Bureau of Special Education  
Due Process Unit  
P.O. Box 2219-Room 359  
Hartford, CT 06146-2219  
FAX (860) 713-7153  
Tel. (860) 713-6910**

**Resolution Sessions Data Collection**

Please complete this required form and return it to the Bureau of Special Education at the above address as soon as possible. (Authorization: 20 U.S.C. 1418; 34 C.F.R. §300.640)

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Hearing Number      School District      Name of Student

Please check all that apply:

- \_\_\_\_\_ A resolution session was convened on \_\_\_\_\_.
- \_\_\_\_\_ The resolution session resulted in a signed agreement.
- \_\_\_\_\_ The resolution session resulted in a signed agreement but was voided by the \_\_\_\_\_ within 3 business days.
- \_\_\_\_\_ The resolution session did not result in a signed agreement.
- \_\_\_\_\_ The parents and school district agreed in writing to waive the resolution session.
- \_\_\_\_\_ The parents and school district agreed to use the mediation process instead of a resolution session.
- \_\_\_\_\_ The school district scheduled a resolution session but the parents failed to attend.
- \_\_\_\_\_ The school district failed to schedule to resolution session.

This form was completed by \_\_\_\_\_ on \_\_\_\_\_.  
Name      Date

Please check one: \_\_\_Parent    \_\_\_ School District Representative

Please return to the Due Process Unit by FAX or mail at the address listed above. Thank you.