

ISBE Case Number: «CaseNumber» Resolution Meeting Due Date: «ResolutionStartByDate» Today's Date: May 19, 2011

## RESOLUTION SESSION TRACKING FORM

**Case Name:** «StudentFullName»

**Resolution Meeting Due Date:**  
«ResolutionStartByDate»

**ISBE Case Number:** «CaseNumber»

**Resolution Session End Date:**  
«ResolutionEndByDate»

### **Instructions to School Districts:**

This form is being supplied to you in order to provide the Illinois State Board of Education ("ISBE") with data concerning the status and outcome of your resolution session in the Due Process matter referenced above. As the local district, you are required to complete the relevant sections of this form and, where appropriate, secure the written signature of the parent (in the case of a resolution waiver or use of state-sponsored mediation).

You will be expected to submit this form to the attention of the ISBE Due Process Coordinator upon final completion. You may submit the form via fax at 217-782-0372, by electronic facsimile (pdf format only) and email to [aeulass@isbe.net](mailto:aeulass@isbe.net) (copy to [malong@isbe.net](mailto:malong@isbe.net)) or by regular mail to:

Andrew Eulass  
Due Process Coordinator  
Illinois State Board of Education  
100 N. 1<sup>st</sup> Street  
Springfield, IL 62777

**In the event of a waiver of the resolution session or the use of state-sponsored mediation, this form should be completed and submitted to ISBE prior to the initial resolution session deadline referenced above.**

***Note: Under Federal law, parties are permitted only until the 30<sup>th</sup> day following the initiation of a due process hearing to complete the resolution process unless extended by order of your assigned due process hearing officer. Parties may continue to discuss settlement of the due process matter after the 30<sup>th</sup> day (or the extended date set by the hearing officer) but the agreement will not be considered a resolution agreement.***

**SECTION I  
RESOLUTION SESSION STATUS**

The parent and the school district will (choose one):

- a) **participate in the resolution meeting**  **(proceed to Section II)**
- b) **waive the resolution meeting**  **(obtain signature below)**
- c) **use state-sponsored mediation instead of the resolution meeting**  **(obtain signature below)**

*If you checked either (b) or (c), please secure the parent's or parent-representative's signature below and date of signature and the signature of the authorized school district representative.*

**For the student:**

**For the school district:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
District Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

---

Please check the two statements below when completed:

\_\_\_\_\_ **Immediately submitted to ISBE by**  **(Fax)**  **(Email)**  **(Mail)**

\_\_\_\_\_ **Immediately notified the hearing officer, if waived** *(this will start the 45 day hearing timeline)*

**SECTION II  
RESOLUTION MEETING**

*In the event you checked (a) in Section I and are participating in the resolution meeting, please answer the following questions upon completion of the resolution meeting. Please complete this section even if the parties intended to participate in the resolution meeting but failed to meet:*

1. Did a resolution meeting occur?  YES (proceed to #2)  NO (proceed to #3)

-----

2. If **YES**,

➤ Provide the date of the meeting: \_\_\_\_\_

➤ If more than one resolution meeting, provide all dates: \_\_\_\_\_

➤ Did the resolution session result in an agreement?  YES  NO

✓ If **YES**, was the agreement:

•  FULL or  PARTIAL

• Voided within three business days:  YES  NO

-----

3. If **NO**,

➤  The LEA failed to convene the resolution meeting, **OR**

➤  The parent failed to attend

✓ Provide the scheduled date of the meeting: \_\_\_\_\_

✓ Describe the LEAs efforts to secure parent attendance and attach evidence of these attempts -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: If the agreement resolved all the issues and was not voided after three business days, please ensure that a withdrawal of the due process request has been secured and you forward the withdrawal to your assigned hearing officer as soon as possible.**

Please check the statement below when completed:

\_\_\_\_\_ Immediately submitted to ISBE by  (Fax)  (Email)  (Mail)