

Sample Resolution Session

Student Initials:	Due Process Hearing Number:
School District:	
Attending School:	

A. Waiver of the Resolution Session:

Having received the Resolution Session Information Sheet, check applicable boxes below, sign and date

- We agree to **waive** the resolution session; or
- We agree to **participate in mediation** instead of a resolution session.

For the parent(s) or adult student:

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

For the district program:

Print Name:	Signature (Authorized district representative):	Date:

OUTCOME:

- Agreement reached (see below)
- No Agreement reached.
- | | |
|--------------------|-------------------------------------|
| (Parent Signature) | (District Representative Signature) |
|--------------------|-------------------------------------|

B. Resolution Session Participants:

List all resolution session participants, whether or not an agreement is reached.

Name	Position/Agency	Dates of Participation:

C. Resolution Agreement:

Complete if the parent(s) and district/program reach an agreement.

_____ and _____ agree to the attached document.
 (Parent or Adult Student) (District)

The parties understand that:

1. The agreement is voluntary, legally binding and enforceable in any state court of competent jurisdiction or in a district court of the United States.
2. Any party signing below may void this agreement by sending a written, signed, dated, statement which is received by the other party within three business days of the last date signed below.

For the parent(s) or adult student:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

For the district program:

Print Name: _____ Signature: _____ Date: _____

(Authorized District Representative)