

**Sonoma County SELPA
Alternative Dispute Resolution
Case Intake Form**

Student Name _____ Date of Birth _____
 Address _____
 Parents 1 _____
 Home Phone _____ Work Phone _____
 Name of Caller _____ Role _____
 District of Residence _____ School _____ Grade _____
 District/School Contact Person _____ Phone _____
 Date of Call _____

Necessary Case Data

Issues:	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Assessment	<input type="checkbox"/> Implementation of IEP
	<input type="checkbox"/> Placement	<input type="checkbox"/> FAPE	<input type="checkbox"/> Failure to hold IEP
	<input type="checkbox"/> Timelines	<input type="checkbox"/> Other _____	
Strategies:	<input type="checkbox"/> Facilitated IEP	<input type="checkbox"/> Solutions Team	<input type="checkbox"/> Independent Advocate
	<input type="checkbox"/> Phone mediation	<input type="checkbox"/> Referred to District	<input type="checkbox"/> Resource Parent
	<input type="checkbox"/> Info only	<input type="checkbox"/> Referred to State	<input type="checkbox"/> Local Mediation
	<input type="checkbox"/> IEP Meeting	<input type="checkbox"/> Resolution Session	<input type="checkbox"/> Other
Outcomes:	<input type="checkbox"/> Signed IEP	<input type="checkbox"/> Signed Agreement	<input type="checkbox"/> Outcome unknown
	<input type="checkbox"/> State due process	<input type="checkbox"/> Informal agreement	<input type="checkbox"/> Complaint Order
	<input type="checkbox"/> Hearing Order	<input type="checkbox"/> Dismissed by Hearing Officer	
	<input type="checkbox"/> Pending/Continuing	<input type="checkbox"/> Student left district	
	<input type="checkbox"/> Other _____		
Filings:	<input type="checkbox"/> Mediation	<input type="checkbox"/> Expedited Mediation	<input type="checkbox"/> Due Process Hearing
	<input type="checkbox"/> OCR	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other Court
	<input type="checkbox"/> Parents used attorney	<input type="checkbox"/> District used attorney	
Filing outcome:	<input type="checkbox"/> Signed IEP	<input type="checkbox"/> Signed Agreement	<input type="checkbox"/> Hearing order
	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Pending/continuing	<input type="checkbox"/> Student left district
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Court order	<input type="checkbox"/> Other _____

Notes: (Include Parent's and District's concerns)

If Solutions Team or Facilitated IEP, Names of Mediators _____
Date, Time and Location of Session _____
SELPA Staff Taking Call _____