

Rhode Island Department of Elementary and Secondary Education Office of Student, Community and Academic Supports (OSCAS)

Resolution Session Reporting Form

for Special Education Due Process Hearings Requested by Parents Based on a Due Process Complaint

School Department/Local Education Agency (LEA):	To be completed by the OSCAS
Date of Impartial Due Process Hearing Request filed with the RI Department of Education:	
Resolution Meeting Timeline: (15 calendar days from receipt of request)	Resolution Period Expiration Date: (30 calendar days from receipt of request)
Parent filing:	
Status of Resolutio	n Session
To be submitted by the LEA <u>immediately upon conclusion of the resolution process</u> to:	
 The OSCAS via FAX at: (401) 222-6030; Attn: Mary Hag The assigned Hearing Officer, if determined 	
	Date of Report:
Authorized LEA Representative:	
Name, Role	Phone, FAX
Status: (Indicate all that apply)	
(a) Both parties have agreed in writing as of	to waive the resolution meeting.
(b) The Resolution Session was convened on:	
(c) The Resolution Session was convened on: before the end of the 30-day period that agreement is	
(d) Both parties have agreed in writing before the end of attempting state <u>mediation</u> , agreement is not possible	•
(e) The parties engaged in state mediation and agreed in 30-day period, but the parent or public agency	
(f) The 30-day resolution period has expired without reso	olution.
Note: Upon the expiration of the 30-day resolution period, unless adjusted to a shorter or longer period based upon conclusion of the resolution process as delineated above, the impartial due process hearing may proceed and the 45-day hearing timeline begins.	
Signature:	Date: