



Office for Dispute Resolution

Dear _____ :

The _____ has completed an assurance form and supplied it to the Bureau of Special Education, indicating that all of the action ordered by _____ in the Appeal Decision has been accomplished.

If the information we have received from the local education agency is inaccurate, please notify me, the ODR Case Manager, at:

Office for Dispute Resolution
6340 Flank Drive
Harrisburg, PA 17112-2764
Phone: 717-541-4960 or 800-222-3353
Fax: 717-657-5983
Email: odr@pattan.net

If you do not contact me within thirty (30) calendar days of receipt of this letter, the Office for Dispute Resolution will assume that all necessary action has been taken by the local education agency and will therefore close our file.

Thank You.

Sincerely,

Case Manager, Office for Dispute Resolution

cc: