

# DUE PROCESS RESOLUTION AGREEMENT

Due Process Hearing No: \_\_\_\_\_

Student Name: \_\_\_\_\_

PEA: \_\_\_\_\_

Date: \_\_\_\_\_

The parties are satisfied with the resolution and agree to abide by and fulfill the following terms:

ISSUE(S)/RESOLUTION	
<b>Issue 1:</b> _____ _____ _____	
<b>Resolution:</b> _____ _____ _____ _____ _____	<b>Start Date</b> _____
<b>Issue 2:</b> _____ _____ _____	
<b>Resolution:</b> _____ _____ _____ _____ _____	<b>Start Date</b> _____

**Issue 3:**

---

---

---

**Resolution:**

**Start Date** \_\_\_\_\_

---

---

---

---

---

Please use additional pages, if necessary

**Implementation Contact Person:** The parties have agreed the following individual will be responsible for (a) coordinating and implementing the above stated resolution(s), and (b) serve as the point of contact:

Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

The terms of this agreement, as stated, will be incorporated into the Student's Individualized Education Program (IEP) at an IEP meeting to be held on:

---

The terms of this agreement will NOT be incorporated into the Student's IEP.

\_\_\_\_\_  
PEA Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**ISSUE(S)/RESOLUTION**

**Issue :**

---

---

---

**Resolution:**

**Start Date** \_\_\_\_\_

---

---

---

---

---

**Issue :**

---

---

---

**Resolution:**

**Start Date** \_\_\_\_\_

---

---

---

---

---