

LOS ANGELES UNIFIED SCHOOL DISTRICT
Request for Informal Dispute Resolution
On
Individualized Education Program (IEP) Issues
Form A

Student: _____ DOB _____ Gender: _____
School of Attendance _____ School of Residence _____ Local Dist. _____
Eligibility: _____ Location of IEP Meeting: _____ IEP Date: _____
Date IEP Signed: _____ Placement: _____ Language of Student: _____
Parent(s)/Guardian Name: _____ Language of Parent: _____
Home Address: _____
(Street) (City) (Zip)
Phone: Home: () _____ Work: () _____ Fax: () _____ Cell: () _____

List the issues that are in dispute from the IEP. These issues should be jointly developed by the IEP Chairperson and the parent. Attach a copy of the IEP in which the dispute arises and pertinent assessment reports.

1. _____

2. _____

3. _____

4. _____

Administrator/Designee Signature

Date

Parent/Guardian Signature

Date

IEP Chairperson Name: _____

Date Issues Clarified (Form A): _____

[Helpline Phone No. (213) 241-5420] Date Helpline Contacted: _____ Specialist: _____

Process Filtered to: Local School Local District DIS Hotline Division

FAX to (213) 241-8917, with IEP and assessment report(s), after you have made Helpline contact.

For Division Office Use Only: Case Number _____

**LOS ANGELES UNIFIED SCHOOL DISTRICT
 Informal Dispute Resolution
 Form B**

Student Name: _____ DOB _____

	PARENT REQUESTS	PARENT RATIONALE
1		
2		
3		
4		

DISTRICT SETTLEMENT OFFER:

District Rationale

A. ACCEPTED _____ DATE _____ **OR** B. REJECTED _____ DATE _____

1. Date of IEP to Implement _____
 (date)

1. Form B Faxed to (213) 241-8917 _____
 (date and time)

2. Form B Faxed to (213) 241-8917 _____
 (date and time)

2. Procedural Rights explained: ___ Yes ___ No
 _____ To Division for Informal Conference
 _____ Formal Due Process (SE-17 Provided)

Print District Representative's Name

Signature

Date

Print Parent's Name

Parent Signature

Date

FAX this form to (213) 241-8917