Child's Name:	Due Process Case No.:
Date of Birth:	Date LEA Received Petition:
Attending school:	School System:

## NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION Exceptional Children Division

RESOLUTION MEETING RESULTS FORM		
A. Resolution Meeting		
J	nts: List all resolution meeting participa	nts, whether or not an agreement
<u>Name:</u>	Position and Agency	Date(s) of Participation
Resolution Meeting:		
Refer to the Resolution Period :	and Adjustments to the Resolution Period about the resolution period and extension	
<b>Outcome of Resolution Meetin</b>	ng(s):	
☐ Partial or no agreement reather 30-day resolution period	ached – proceed to hearing. (45-day hear ached – mediation requested. ( <i>Mediation</i>	must be held before the end of
_ *	olution meeting. (LEA must submit docum	mentation of attempts to meet.)
For the parent(s) or adult stud	dent:	
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
For the LEA:		
Print Name:(Authorized LEA Repre	Signature:sentative)	Date:

Rev. 11/28/2011 Page 1

	quest for a hearing.	an agreement. Submit signed form
	and	agree to
(parent or adult student) the following:	and (educational	agency)
List items of agreement below	. Add as many items as necessary or a	ttach agreement to this document.]
1.		
2.		
3.		
C. The parties understand the	nat:	
	nent agreement is voluntary, legally bind Instruction or in any State court of comp	
	ow may void this agreement by sending ne other party within three (3) business	
	1 2	days of the fast date signed below.
·		days of the last date signed below.
For the parent(s) or adult stu		•
For the parent(s) or adult stu	ident:	Date:
For the parent(s) or adult stu Print Name: Print Name:	ident: Signature:	Date:
For the parent(s) or adult sturint Name:  Print Name:  For the LEA:	Signature:   Signa	Date: Date:
For the parent(s) or adult sturint Name:  Print Name:  For the LEA:  Print Name:	Signature:   Signa	Date: Date:
For the parent(s) or adult stured in the parent stured in the parent stured in the parent stured in the parent student student in the parent student student in the parent student student in the parent student stude	Signature: Signature: Signature: Signature: signature: athdraw request for a hearing: an all issues and petitioner wishes to wi	Date: Date: Date:
Print Name:  Print Name:  Print Name:  (Authorized LEA Representation of the LEA)  Print Name:  (Authorized LEA Representation of the LEA)  D. Petitioner's request to with (If agreement is reached of section must be completed)	Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signatur	Date: Date: Date:
Print Name: Print Name: Print Name: Print Name: (Authorized LEA Representation of the LEA:  Print Name: (Authorized LEA Representation of the LEA Re	Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signature:Signatur	Date: Date: Date:  Date:  be been resolved and wish to