

COMPLAINT/REQUEST FOR DUE PROCESS HEARING AND/OR MEDIATION

Date _____

Director of Special Education
Cobb County School District
514 Glover Street
Marietta, GA 30060

Dear _____:

I am submitting this complaint and requesting a due process hearing and/or mediation because I disagree with certain decisions that have been made regarding the education of my child, _____ (student's name), who attends _____ (School).

I understand that I must sufficiently complete this form prior to the convening of a hearing and it must be received personally by you at your office to trigger timelines that apply to due process hearings. I also understand that your office will contact me immediately upon your receipt of this complaint to discuss options for resolution and to schedule a Resolution Session that must occur prior to the due process hearing. I am also required to forward a copy of this complaint to the Georgia Department of Education at the address indicated below.

School District's Specific Proposed or Refused Action with which I have a Problem, including facts related to the Problem(s):

Use additional pages if needed.

Action I believe the School District could take to Resolve Each of the above Problem(s): _____

Use additional pages if needed.

I understand that a meeting called an *Early Resolution Session* is available. This meeting must occur within 15 days of my request being received by the local system. At this meeting the School District will bring the relevant members of the IEP

team, including a representative of the School District who is authorized to sign an agreement committing the School District's resources. The School District will not have an attorney present if I choose not to bring an attorney. The purpose of the meeting is to discuss my complaint, the facts that make up my complaint and attempt to resolve the complaint. If the parties reach a mutual agreement, a legally binding written settlement agreement will be developed and signed by both parties. The agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States.

I wish to participate in an Early Resolution Session. ___Yes ___No

(Initial of the Person
Requesting Hearing)

I understand that both the School District and I *must agree* in writing to waive this meeting.

I understand that *mediation* is also available at no cost. Mediation is a nonadversarial process conducted by a qualified and impartial mediator who is trained in effective mediation techniques to resolve disputes. If I choose to participate in the mediation process, (a) it will not deny or delay my right to a due process hearing or deny any other rights I have under the IDEA, and (b) it will be conducted at a time and place reasonably convenient to the parties involved. If resolution is reached in the mediation process, the parties will execute a legally binding agreement that is enforceable in any court of competent jurisdiction.

I wish to participate in the mediation process to try and resolve the listed concerns in my due process hearing request.

Yes _____ No _____

(Initial of the Person
Requesting Hearing)

I am only requesting mediation, not due process hearing, at this time.

Yes _____ No _____

(Initial of the Person
Requesting Mediation)

Signature of Person Requesting Hearing

Date

Name of Person Requesting Hearing - [] Parent [] Student [] Other

Mailing Address

City, State, Zip

() _____
Telephone Number(s) where Parent may be Contacted

Upon receipt of the completed Complaint/Request For Due Process Hearing, the School District will complete the sections below and forward the Complaint to the Georgia Department of Education.

The Cobb County School District will agree to participate in: _____Early Resolution Session _____Mediation

The Cobb County School District will not agree to participate in: _____Early Resolution Session _____Mediation

Signature of School System

Date: _____

cc: Georgia Department of Education
Legal Services
2052 Twin Towers East
Atlanta, GA 30334

COBB COUNTY SCHOOL DISTRICT

Special Student Services

514 Glover Street

Marietta, GA 30060

Agreement Regarding Confidentiality

The undersigned persons agree to participate in a resolution meeting on _____
(date)

pursuant to IDEA and agree that the discussions that occur in the resolution meeting:

_____ will be held confidential. If not otherwise discoverable or known to the parties, the information and statements shared in the course of the resolution meeting will not be admissible in court or disclosed to other individuals.

_____ will not be held confidential. Any information shared or statements made in the course of the resolution meeting may be deemed admissible in court and disclosed to other individuals.

Signatures:

COBB COUNTY SCHOOL DISTRICT
Department Of Special Education
514 Glover Street
Marietta, GA 30060
770-426-3320

RESOLUTION AGREEMENT AND GENERAL RELEASE
OF SPECIAL EDUCATION CLAIMS

A Resolution Meeting was held on _____ between the Parents of the Student and _____, a duly authorized representative of the School District who has the authority to resolve the issues between the parties. Also in attendance at the Meeting were the following individuals:

Name	Position

This Resolution Agreement (“Agreement”) is entered into by and between _____, the parent(s)/guardian(s) (“Parents”) of _____ (hereinafter “Student”) and the Cobb County School District (“School District”). The Terms of this Agreement are as follows:

1. _____

complaint with any federal or state agency, through the date of the execution of this Agreement. This Agreement does not impact either party's ability to bring any future claim.

6. This Agreement shall not be binding until the expiration of three (3) business days from the date of its execution.

7. Each party acknowledges and understands that in accordance with applicable law, Resolution Meetings are not considered meetings convened as a result of an administrative hearing or judicial action and, as a result, reimbursement for attorneys' fees and costs associated with the Session is not available to either party, even if the services of an attorney have been utilized in reaching this Agreement.

8. This Agreement is made and entered into in the State of Georgia and shall be interpreted, enforced and governed in and under the laws of Georgia. The legal venue of this Agreement and any disputes arising from it shall lie exclusively in Cobb County, Georgia.

PARENT SIGNATURE	PRINT NAME	DATE
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PARENT SIGNATURE	PRINT NAME	DATE
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STUDENT (if 18 or older)	PRINT NAME	DATE
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SCHOOL DISTRICT REP.	PRINT NAME	DATE
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TITLE: _____

AGREEMENT REACHED

ON:

**CONTAINS PROVISIONS RELATING TO THE FOLLOWING
PERIOD OF TIME:**

**FOR MORE INFORMATION, PLEASE CONTACT SPECIAL
STUDENT SERVICES.**

**Cc: Central Office File
School File**

**PRIOR WRITTEN NOTICE CONCERNING ISSUES DEFINED IN
COMPLAINT/REQUEST FOR DUE PROCESS HEARING**

Date _____

Parent
(address)

Dear _____:

The School District is required to provide you with prior written notice as to the issues identified in your Complaint/Request for Due Process Hearing. To the extent that your issues/problems are sufficiently stated in your Complaint and understood by the School District, written notice of decisions made should have already been provided to you in your copies of educational records, such as IEP documentation, staffing minutes, evaluation reports, etc. Please consider this notice as supplemental to all written documentation previously provided to you as to the issues stated in your Complaint.

District's explanation of why it has proposed or refused to take the action raised in your Complaint:

District's description of other options that were considered by an IEP Team and the reasons those options were rejected:

District's description of each evaluation procedure, assessment, record, or report used as the basis for the proposed or refused action raised in your Complaint:

District's description of factors relevant to the proposed or refused action raised in your Complaint: