

Expedited Due Process – Resolution Session – Tracking Form

ATTENTION LOCAL EDUCATION AGENCY (LEA): The Kansas State Department of Education (KSDE) is required to collect data on the use and outcome of the resolution session. You have received a copy of this form because the KSDE has been notified that a parent has requested a special education due process hearing from your district. Please note that a resolution session must be held within 7 calendar days of receipt of the request for due process.

A representative of the LEA must complete the front page of this form to document the status of the resolution session. The back of this form may be used to change the timeline for a resolution session. Please send a copy of the completed form, along with a copy of any written waivers (may use the reverse side of this form for waiver of resolution session) to the due process hearing officer assigned to your case and to this office at: **KSDE, Early Childhood, Special Education, & Title Services Dispute Resolution,, 900 SW Jackson St. Suite 620, Topeka, Kansas 66612.**

Due Process Hearing Case No. _____ Date Request for due process received _____

Student Name _____ LEA _____

Authorized LEA Representative (print name): _____

Signature: _____ Date: _____

1. Was a resolution session convened within 7 days of receipt of request for due process?
☐ Yes ☐ No – If you answered NO to question No. 1, go to question No. 4
2. If yes, what was the date of the resolution session? _____
If more than one session was held, list all dates: _____
3. Was an agreement reached? ☐ Yes ☐ No
If yes, was it a ☐ full or ☐ partial agreement?
Was the agreement voided within three business days? ☐ Yes ☐ No
4. If a resolution session was not held within 7 days of receipt of a request for due process, please select one of the following:

____ The parties agreed, **in writing**, to waive the resolution session (copy of waiver attached or as documented on the reverse side of this form).

____ The LEA failed to convene the resolution session within 7 calendar days of the date the request for due process was received.

____ The parties agreed to participate in mediation.

____ The resolution session was convened but the parent failed to attend (attach documentation of your efforts to obtain parent participation).

Decline Resolution Session

____ We agree to waive the Resolution Session (20 school-day time for hearing applies).

____ We agree to use the mediation process (Delays the 20 school-day time for hearing).

Parent(s) or adult student (At least one signature is required):

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Authorized school representative:

Print Name: _____ Signature: _____ Date: _____

Continue Mediation beyond 7 day resolution period:

We agree to extend the time for mediation to the following specific date: _____

We understand this will delay the beginning of the 20 school day timeline for a hearing.

Parent(s) or adult student (At least one signature is required):

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Authorized school representative:

Print Name: _____ Signature: _____ Date: _____

End resolution period:

____ We agreed to continue mediation, but now are withdrawing from the mediation process
(Hearing must occur within 20 school days of date of withdrawal from mediation
process).

Parent(s) or adult student (At least one signature is required):

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Authorized school representative:

Print Name: _____ Signature: _____ Date: _____