|  |  |  |  |
| --- | --- | --- | --- |
| Mediator: |  | Mediation Case Number: |  |
| Parent(s): |  | Date Mediation Held: |  |
| LEA: |  | Mediation Time (Beginning to End): |  |

# Results

# *Please provide the requested information. Enter “N/A” (Not Applicable) where appropriate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Mediation NOT related to a Due Process hearing.** | | | |
|  | Mediation was successful. |  | Mediation was not successful. |

\*\*\*If related to a state complaint, mediation was successful and I wish to withdraw my state complaint.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Mediation related to a Due Process hearing.** | |
|  | Mediation was successful and I wish to withdraw my request for a Due Process hearing. |
|  | Mediation was unsuccessful/partially unsuccessful, and I wish to proceed to the Due Process hearing. |
|  | Mediation was unsuccessful/partially unsuccessful and both parties agree to continue to work toward an agreement. \*If this option is chosen, this document must be submitted to OAH with any request for an extension to the resolution period. |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreement to Mediate was cancelled.** | | | |
| Date of cancellation: |  | Name of the party that cancelled: |  |

Mediator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# For State Complaints Only

# *Complete this section only if a state complaint has been filed.*

The LEA representative must fax or email signed copies of this document and the signed mediation agreement to:

NCDPI – EC Division

Attn.: Mediation Coordinator

[mediation@dpi.nc.gov](mailto:mediation@dpi.nc.gov)

Fax: (984) 236-2693

# For Due Process Petition Only

# *Complete this section only if Due Process hearing has been requested.*

The LEA representative must fax or email signed copies of this document and the signed mediation agreement to:

NCDPI – EC Division Office of Administrative Hearings

Attn.: Due Process Coordinator Attn.: Chief Hearing Clerk

[due\_process@dpi.nc.gov](mailto:mediation@dpi.nc.gov) Fax: (919) 431-3100

Fax: (984) 236-2693