

**NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION
Exceptional Children Division**

STATEWIDE SPECIAL EDUCATION MEDIATION PROGRAM

MEDIATION RESULTS FORM

Mediator: _____ Mediation Case# _____

Parent: _____ LEA _____

Date mediation held: _____ Time: _____ to _____

RESULTS

A. 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: _____

B. Mediation related to a petition for a due process hearing. Case#: _____

_____ Mediation was successful and I wish to withdraw my due process hearing request.

Parent's Signature: _____ Date _____

_____ Mediation was unsuccessful/partially unsuccessful, and I wish to proceed to the due process hearing.

Parent's Signature: _____

_____ Mediation was unsuccessful/partially unsuccessful, and both parties agree to continue to work toward an agreement. *(This section must be signed by both parties and the document submitted to OAH with any request for an extension to the resolution period.)*

Parent's Signature: _____

LEA Rep.'s Signature: _____

FOR DUE PROCESS PETITION ONLY: The LEA representative must fax signed copies of this document and the signed agreement to the attention of: Due Process Coordinator NCDPI EC Division at (919) 807-3755 and Kim Hausen, Office of Administrative hearing at (919) 431-3100.

_____ Agreement to mediate was cancelled by _____ on _____

Mediator Signature _____ Date _____