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| *North Carolina Infant-Toddler Program*  |       |

*Mediation and/or Administrative Due Process Hearing
Resolution Agreement*

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |       | Date of Birth: |       |
| Date Complaint Received: |       |  | Date Complaint Resolution Agreement Signed: |       |
| Name of Children’s Developmental Services Agency: |       |
| Parties Involved (List Name and Role) |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
|  |  |  |
|  |  |  |
| Summary of Parent’s Complaint       |
|  |  |  |
| Terms of Agreement       |
|  |  |  |
| Unresolved Issues       |
|  |  |  |
| Recommendations to the North Carolina Infant-Toddler Program       |
|  |
| Method of Resolution (check all that apply): |
| [ ]  Discussion [ ]  Mediation [ ]  Administrative Due Process Hearing |
| Signatures: |
|       |  |       |
| *Parent* |  | *Children’s Developmental Services Agency Representative* |
|       |  |       |
| *Infant-Toddler Program Provider Agency/Representative Involved in Complaint* |  | *Mediator/Hearing Officer (if applicable)* |
|       |  |       |
| *Early Intervention Branch Representative* |  | *Other (specify)* |
| **Give the original of this Agreement to the Parent and copies to all other involved parties.**  |

*North Carolina Infant-Toddler Program*

*Mediation and/or Administrative Due Process Hearing
Resolution Agreement*

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| --- | --- | --- | --- |
| Child’s Name: |       | Date of Birth: |       |
| Date Resolution Implemented: |       |  |
|  |  |  |
|  |  |  |
| Follow-up Provided to Ensure Implementation of Agreement       |
|  |  |  |
| Results of Implementation of Agreement       |