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| ***北卡罗来纳州婴幼儿计划*** |  |

***调解和/或行政相关程序听证解决协议***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 儿童姓名： |  | | | | | | | 出生日期： | |  |
| 申诉接收日期： | |  |  | 申诉解决协议签署日期： | | | | |  | |
| 儿童发展服务机构 (CDSA) 名称： | | | | |  | | | | | |
| 相关方（列出姓名/名称和角色） | | | | | | | | | | |
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| 家长申诉摘要 | | | | | | | | | | |
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| 协议条款 | | | | | | | | | | |
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| 未解决的问题 | | | | | | | | | | |
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| 对北卡罗来纳州婴幼儿计划的建议 | | | | | | | | | | |
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| 解决方法（请勾选所有适用项）： | | | | | | | | | | |
| 协商  调解  行政相关程序听证会 | | | | | | | | | | |
| 签名： | | | | | | | | | | |
|  | | | | | |  |  | | | |
| *家长* | | | | | |  | *儿童发展服务机构代表* | | | |
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| *涉及申诉的婴幼儿计划提供方机构/代表* | | | | | |  | *调解员/听证官（如适用）* | | | |
|  | | | | | |  |  | | | |
| *早期干预科代表* | | | | | |  | *其他（请具体说明）* | | | |
| **将本协议原件交给家长，副本交给所有其他相关方。** | | | | | | | | | | |

*北卡罗来纳州婴幼儿计划*

***调解和/或行政相关程序听证解决协议***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 儿童姓名： |  | | | | | | 出生日期： |  | |
| 决议实施日期： | |  | |  | | | | |
|  | | |  |  | | | | |
|  | | | | |  |  | | | |
| 为确保协议的执行而提供的后续措施 | | | | | | | | |
|  | | | | |  |  | | | |
| 协议执行结果 | | | | | | | | |