

UNITED STATES DEPARTMENT OF EDUCATION
Office of Special Education and Rehabilitative Services
Rehabilitation Services Administration
Washington, DC 20202

ANNUAL REPORT ON APPEALS PROCESS

State & Agency _____ General/Combined Blind Fiscal Year _____

I. MEDIATION:	
A. Requests for Mediation:	
1. Pending requests for mediation, October 1 (carryover from prior fiscal year)	
2. New requests for mediation since October 1	
3. Total requests for mediation this fiscal year (I.A1+I.A2)	
B. Disputes Resolved during Mediation Process:	
1. Disputes settled prior to the development of a written mediation agreement	
2. Disputes resulting in a written mediation agreement	
3. Total disputes resolved during mediation process (I.B1+I.B2)	
4. Disputes not resolved during mediation process	
C. Mediation Requests Carried Over:	
1. Mediation requests pending resolution, September 30 (I.A3-I.B3-I.B4)	
II. IMPARTIAL HEARING PROCESS:	
A. Requests for Impartial Hearings:	
1. Pending impartial hearing requests, October 1 (carryover from prior fiscal year)	
2. New requests for impartial hearings since October 1	
3. Total requests for impartial hearings this fiscal year (II.A1+II.A2)	
4. Number from Line II.A3 which had also been through the mediation process this fiscal year	
B. Disputes Resolved during Impartial Hearing Process:	
1. Disputes resolved without IHO decision	
2. IHO decisions favoring the individual	
3. IHO decisions favoring the agency	
4. Total IHO decisions (II.B2+II.B3)	
5. Total disputes resolved during impartial hearing process (II.B1+II.B4)	
6. Disputes not resolved during impartial hearing process	
C. Impartial Hearing Requests Carried Over:	
1. Impartial hearing requests pending, September 30 (II.A3-II.B5-II.B6)	
III. REVIEW OF IHO DECISIONS:	
Has your agency established a process for review of IHO decisions? • Yes • No	
NOTE: If no, skip Section III.	
A. Requests for Review of IHO Decisions:	
1. Requests for review of IHO decisions in process, October 1 (carryover from prior fiscal year)	
2. New requests for review of IHO decisions since October 1	
3. Total requests for review of IHO decisions this fiscal year (III.A1+III.A2)	

B. Reviews of IHO Decisions Completed:				
1. IHO decisions favoring the individual sustained				
2. IHO decisions favoring the individual reversed				
3. IHO decisions favoring the agency sustained				
4. IHO decisions favoring the agency reversed				
5. Total reviews of IHO decisions completed (Sum of III.B1 through III.B4)				
6. IHO decisions not reviewed (II.B4-III.B5)				
C. Reviews of IHO Decisions Carried Over:				
1. Reviews of IHO decisions pending, September 30 (III.A3-III.B5)				
IV. CIVIL ACTIONS:				
A. Civil Actions Filed:				
1. Civil actions pending, October 1 (carryover from prior fiscal year)				
2. New civil actions filed this fiscal year				
3. Total civil actions this fiscal year (IV.A1+IV.A2)				
B. Civil Actions Resolved:				
1. Civil actions resolved in individual's favor (sustaining final administrative decision)				
2. Civil actions resolved in individual's favor (reversing final administrative decision)				
3. Civil actions resolved in agency's favor (sustaining final administrative decision)				
4. Civil actions resolved in agency's favor (reversing final administrative decision)				
5. Total civil actions resolved (Sum of IV.B1 through IV.B5)				
6. Civil actions not resolved				
C. Civil Actions Carried Over:				
1. Civil actions pending, September 30 (IV.A3-IV.B5-IV.B6)				
V. TYPES OF COMPLAINTS/ISSUES INVOLVED IN DISPUTES:	Mediation (a)	Impartial Hearings (b)	Reviews of IHO Decisions (c)	Civil Actions (d)
1. Applicant eligibility for VR				
2. Nature/contents/scope of IPE				
3. Quality of counseling services				
4. Delivery/quality of other VR services				
5. Cost of services				
6. Termination of services/service record closure				
7. All other complaints/issues				

VI. DESCRIPTION OF DUE PROCESS PROCEDURES (See instructions)

VII. FINAL IHO AND REVIEW DECISIONS (See instructions)

Person to contact if questions arise about this form (print name): _____

Phone: _____ E-mail address (if applicable) _____

Authorized Signature _____ Date _____

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