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#### 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 \_

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| **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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