FORM RSA-722 OMB No. 1820-0563 Expires xx-xx-xxxx

#### 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) |  |

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| **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

**PAPERWORK REDUCTION ACT BURDEN STATEMENT:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit (Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0563. Note: Please do not return the completed Annual Report on Appeals Process (RSA-722) form to this address.