

IDEA 04 Section 615(f)(1)(B)(i)(IV)

Child's First Name	Child's Last Name	Child's Date of Birth		Child's Grade		
Mailing Address		City		State	ZIP Code	
School Child is Attending		File Reference		Date Received		
Within 15 days of receiving notice	•	•	•			
due process timelines, the school of		J	•			
members of the IEP team who hav school district is not required to hol	·	-		-	•	
waive it, or agree to use the media		•		-		
waive participation in the Resolution		inplete triis docume	THE OTHY II	botti parties a	gree to	
We have reviewed the Resolution	Session information	on provided by the	Departm	ent of Public Ir	nstruction	
Office of Special Education and we	both choose the	following option:				
☐ To participate in mediation inste	ead of the Resolut	ion Session				
☐ To waive the Resolution Sessio	n and proceed dir	ectly to due proces	s hearin	g		
Typed Name of Parent (or Adult Student)			Date			
Signature of Parent (or Adult Student)						
Typed Name of District Representative			Date			
Signature of District Representative						

Both parties must sign this document if the waiver is to be deemed valid

Please mail to:

Dispute Resolution Coordinator Department of Public Instruction Specially Designed Services 600 E Blvd Ave, Dept 201 Bismarck, ND 58505