

COVER SHEET FOR IMPARTIAL HEARING ACTUAL DECISIONS

IHRS Case Number _____ District Case Number (if any) _____

Impartial Hearing Officer _____

District Name _____

Student Name _____

Date Record was Closed (all post-hearing documentation was submitted) _____

Case Closed Date (Date decision was mailed pursuant to §200.5(j)(5)) _____

Please check all the issues that were addressed in this case including a decision result. Include a district action due date only if district action was required.

Issue	Result*	District Action Date (if required)
Bilingual/Monolingual Services		
Disability Classification		
Discipline - Expedited		
Discipline – Non Expedited		
Evaluation		
IEP/Program		
Independent Evaluation		
Other Reimbursement		
Parent Tuition Reimbursement		
Placement		
Procedures		
Transportation		
Other		

*Results: Dismissed; Withdrawn; Settled; Stipulation Agreement; Support Parent; Support School District; Support, in Part, School District and Parent