

# AGREEMENT TO HOLD RESOLUTION MEETING

*Please Print Your Name, Role, and E-mail Address (Sign Below Your E-mail)*

Date of meeting: \_\_\_\_\_

Beginning time: \_\_\_\_\_

Ending time: \_\_\_\_\_

1. I agree to participate in a resolution meeting conducted according to the requirements of the Individuals with Disabilities Education Act with \_\_\_\_\_ as the facilitator.
2. I am choosing a resolution meeting to try to reach an agreement on issues concerning special education services for \_\_\_\_\_.
3. I understand that the facilitator will not disclose anything about this resolution meeting that in any way identifies the parties to it.
4. I will not blame the facilitator or try to obtain compensation or reimbursement from the facilitator for anything connected to the meeting -- including the agreement we reach.
5. If we reach a written agreement; I understand that it will be legally binding and I agree to follow it.
6. I understand if I sign an agreement I have three business days to void such agreement.
7. Confidentiality is not a condition for participation but discussion occurring during this meeting may remain confidential if parties agree.

[ ] Discussion will not remain confidential.

[ ] Due to the personal and private nature of the matters to be discussed in this meeting, all discussions that occur during this process shall be confidential. I understand this is not intended to prohibit any of us from discussing information, including any written agreement we reach, on a need-to-know basis, with appropriate staff, family members, counsel and professional advisors.

Printed name and role ( <b>Facilitator</b> )
E-mail
Signature
Printed name and role ( <b>Person with authority to bind LEA</b> )
E-mail
Signature
Printed name and role ( <b>Person with authority to bind AEA</b> )
E-mail
Signature
Printed name and role ( <b>Person in the role of parent</b> )
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