



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## MCKINNEY-VENTO HOMELESS EDUCATION DISPUTE RESOLUTION - DISTRICT LEVEL

### WELLNESS DEPARTMENT

STUDENT NAME	GRADE LEVEL	STUDENT ID NUMBER
SCHOOL NAME	SCHOOL DISTRICT NAME AND NUMBER	

District action taken within \_\_\_\_\_ school days on \_\_\_\_\_ after receiving notice of the complaint on \_\_\_\_\_.

# of days

Date Action Taken

Date Complaint Received

Did the Homeless Education Liaison resolve this dispute?  Yes  No

If the dispute was resolved, describe the actions taken by the liaison to resolve the dispute to the satisfaction of the parent/guardian.

If the dispute was not resolved to the satisfaction of the parent/guardian, provide the date that a District Education Officer convened a meeting of the parties and briefly describe the outcome of this meeting.

Was the parent/guardian provided with a list of organizations providing low-cost or free legal assistance for dispute resolution hearings? If yes, please attach provided list.

Action taken by the School District to resolve the dispute, if necessary:

Was the dispute finally resolved?  Yes  No

Date resolved: \_\_\_\_\_

Explanation: