



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

(SCHOOL OR LEA LETTERHEAD)

LEA McKINNEY-VENTO DISPUTE RESOLUTION FORM

*** INTERNAL USE ONLY ***

This form is to be completed by the school and/or local educational agency (LEA) when a dispute over eligibility for enrollment, school selection, or transportation assistance for homeless or unaccompanied youth has occurred. The information contained in this form must include the entire review process including an explanation of how the school reached its decision. This form will be accompanied by all supporting documentation submitted throughout the dispute resolution process.

Determination Date:		Reference #:	
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Appeal Information

Name of Staff Completing Form:		Resolved:	☐ Yes ☐ No
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Type of Dispute:	☐ Enrollment Selection ☐ Transportation Assistance Eligibility ☐ School
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Name of School(s) Enrolled:		Date Enrolled:	
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Supports provided during Appeal:	☐ Transportation ☐ Equipment ☐ Obtained Records ☐ Other: _____
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Claimant Information

Claim Filed by:	☐ Parent/Guardian ☐ Unaccompanied Youth ☐ Advocate ☐ Other: _____
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Name of Claimant:	
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Contact Information of Claimant:	Phone #: _____ Email: _____
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Student or Students Name(s):	
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If this claim is unresolved, please complete the following:

Unresolved Claims To Be Escalated

The dispute resolution process is intended to represent each party's views (parent/guardian or advocate, unaccompanied youth, school, LEA) for objective consideration in order for disagreements to be resolved expeditiously. In the space below, **please provide an explanation of how the school reached its decision regarding this claim and why the dispute needs to be escalated.**



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Supporting Educational Agency Staff Roles and Contact Information

Please provide the name, contact information, and a brief description of the role in this appeals process of all local educational agency (LEA) staff members including the LEA McKinney-Vento liaison.

LEA Staff Member Information:

Name:

Contact Information:

Phone #:

Email:

Brief Description of Role:

LEA McKinney-Vento Liaison Information:

Name:

Contact Information:

Phone #:

Email:

Brief Description of Role:

Education of Homeless Children and Youth State Director Information (if applicable/escalated):

Name:

Contact Information:

Phone #:

Email:

Brief Description of Role:

Routing Checklist and Escalation Authorization

Reviewed by the LEA
McKinney-Vento Liaison

☐ Yes ☐ No

Outcome:

☐ Resolved

☐ Escalate to IDOE

Please sign and return completed form to the school or Homeless Education Program office

Signature of Person Submitting Dispute

Date

Signature of Administrator/Authorizer

Date

Signature of Person Submitting Dispute (if escalated to IDOE)

Date