

## **Massachusetts Department of Elementary and Secondary Education**

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3700 TTY: N.E.T. Relay 1-800-439-2370

## PROGRAM QUALITY ASSURANCE SERVICES PROBLEM RESOLUTION SYSTEM INTAKE INFORMATION FORM

In order to address your current concerns as promptly as possible, the Department of Elementary and Secondary Education requests that you provide the following information.

Name of School District/Collaborative/Private School:
Program: Regular Ed Special Ed (IEP) 504 Plan Home School
School Location: School Phone#: ( )
Your Name (printed):Your Signature Required:
Your Address:       City or Town:       State:       Zip Code:         Home Phone #:()       Cell #_()       E-Mail:
Your Role: 1=Parent; 2=Advocate; 3=ESE Assigned Education Surrogate-Parent; 4=Student; 5=School Employee; 6=Other (Specify) Accommodations you will need in communicating with the Department:
Student or Group Name:Grade/Level: Age: Male/Female/Transgender:
Address: Telephone #:()
Language of (Circle)-Parent/Student if not English:
Parent/Guardian if not you: Home Phone#:()
Address:Cell Phone#:()
Address: Work Phone#:()
The local school person to whom a copy of this complaint has been forwarded:  The last local school person(s) you have contacted in an effort to resolve this problem:
Address Telephone #:()
Please describe your concern on the attached page, stating the specific facts on which the concern is based. Please attach any documents that you believe would be helpful to the Department of Elementary and Secondary Education in understanding your concern.  Please be certain to include a description of your attempts to resolve your current concern(s) prior to contacting the Department, and describe specific actions you believe would resolve your concern(s).
[Received in ESE: 60-Day Date: ]

BRIEF STATEMENT OF CURRENT CONCERN(S)
YOUR ATTEMPTS TO RESOLVE CURRENT CONCERN(S)
ACTIONS BY THE SCHOOL YOU BELIEVE WOULD RESOLVE YOUR CONCERN(S)
Are any of these concerns currently being addressed by Mediation or a Hearing
in the Bureau of Special Education Appeals? [ ] NO [ ] YES
Parent signature is encouraged if an Advocate is assisting in the resolution of this problem.  I request that the Department of Elementary and Secondary Education contact  (Circle One) ME / MY ADVOCATE regarding the problem stated above.
Signature of Parent/Guardian/Student 18 or over:
Data
Date: Sign and return this Intake Information Form to the PQA Intake Coordinator
By mail at 75 Pleasant Street, Malden, MA 02148-4906
OR
By Fax at 781-338-3710
OR

By email at <a href="mailto:Compliance@doe.mass.edu">Compliance@doe.mass.edu</a> by saving the completed form and attaching it to your email, with a subject line that says: :LAST NAME PQA Intake Form". Please remember to share it with the school district, either by email, mail or fax.

S.C. Received: 1/13/2016