

# Request for Special Education Due Process Hearing

<https://www.in.gov/doe/students/special-education/>

**INSTRUCTIONS:** Form may be completed electronically, but must be printed and must include a handwritten signature. Please mail, fax, or delivery a copy to the Office of Special Education and to the opposing party. **An asterisk (\*) indicates required information.**

STUDENT INFORMATION			
Name of Student:*	<input style="width: 95%;" type="text"/>	Student's Address:*	<input style="width: 95%;" type="text"/>
	City:*	<input style="width: 95%;" type="text"/>	
State:*	<input style="width: 20%;" type="text"/>	Zip code:*	<input style="width: 20%;" type="text"/>
Gender:	<input style="width: 20%;" type="text"/>	Date of Birth(M/D/Y):	<input style="width: 20%;" type="text"/>
Age:	<input style="width: 20%;" type="text"/>	Grade:	<input style="width: 20%;" type="text"/>
Name of Parent/Guardian:		Email:	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Address:	<input style="width: 60%;" type="text"/>	City:	<input style="width: 20%;" type="text"/>
	State:	<input style="width: 20%;" type="text"/>	Zipcode:
	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
Home Number:	<input style="width: 20%;" type="text"/>	Work Number:	<input style="width: 20%;" type="text"/>
	<input style="width: 20%;" type="text"/>	Cell Number:	<input style="width: 20%;" type="text"/>
In the case of a homeless student as defined by 511 IAC 7-32-46, available contact information for the student is required.			
Name/Address of Attorney Representing Student and Parent/Guardian: (If this section is completed, all information and correspondence regarding due process will be forwarded to the attorney.)	<input style="width: 95%;" type="text"/>		Telephone Number:
	<input style="width: 95%;" type="text"/>		Fax Number:
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

SCHOOL INFORMATION	
Name of School Student Attends:*	<input style="width: 95%;" type="text"/>
Name of Superintendent, School Corporation or Charter School and Address/Telephone/Fax:	<input style="width: 95%;" type="text"/>
Name of Attorney for School Corporation or Charter School and Address/Telephone/Fax:	<input style="width: 95%;" type="text"/>

DISPUTE ISSUES	
I am requesting a general due process hearing on the following issue(s): <b>(Check all that apply)*</b>	
<input type="checkbox"/>	The student's identification and eligibility for services under Article 7.
<input type="checkbox"/>	The appropriateness of the educational evaluation.
<input type="checkbox"/>	The appropriateness of the student's proposed or current level of special education services or placement.
<input type="checkbox"/>	Reimbursement for services obtained by the parent.
<input type="checkbox"/>	The provision of a free appropriate public education for the student 511 IAC 7-45-3(a)(3).

You must include/provide the facts relevant to the dispute.\* (Attach additional pages as necessary.)

Briefly explain the resolution you are seeking to the extent known and available to the parents at the time.\* (Attach additional pages as necessary.)

\_\_\_\_\_  
Printed Name\*

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

**Note: Form may be completed electronically, but must be printed and must include a handwritten signature. *Requests received without written signature will NOT be processed.*** Completed form may be mailed, faxed or delivered simultaneously to the: Indiana Department of Education, Office of Special Education, IGCN 9th Floor, 100 N Senate Ave., Indianapolis, IN 46204, Fax number - 317/232-0589; and mail, fax, or deliver to the opposing party.