



Request for Special Education Due Process Hearing

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

STUDENT INFORMATION			
Name of Student:*	Student's Address:*	City:*	
State:*	Zip code:*	Gender:	Date of Birth(M/D/Y):
			Age:
			Grade:
Name of Parent/Guardian:		Email:	
Address:	City:	State:	Zipcode:
Home Number:	Work Number:	Cell Number:	
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.)	Telephone Number:		
	Fax Number:		

SCHOOL INFORMATION	
Name of School Student Attends:*	
Name of Superintendent, School Corporation or Charter School and Address/Telephone/Fax:	
Name of Attorney for School Corporation or Charter School and Address/Telephone/Fax:	

DISPUTE ISSUES	
I am requesting a general due process hearing on the following issue(s): (Check all that apply)*	
<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: Office of Administrative Law Proceedings, 100 N Senate Ave., Room N802 Indianapolis, IN 46204, Fax number - 317/232-0261; and mail, fax, or deliver to the opposing party.