



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

## APPLICATION FOR INDEPENDENT HEARING OFFICER SPECIAL EDUCATION MEDIATOR

**INSTRUCTIONS:** In addition to this application, please provide a resume. Please complete all areas of the application. ***Incomplete applications will not be considered.*** If attachments are included, please indicate by numbering the attachment and referencing it to the corresponding questions. All applications must be signed and dated. NOTE: Remember to return all attachments with this application.

**MINIMUM QUALIFICATIONS TO APPLY:** If you do not meet these qualifications, do not submit an application.

Must be an Indiana Resident.

Must be listed in the [Mediator Registry](#) maintained by the Office of Admissions and Continuing Education.

Must be a [licensed attorney](#) in good standing admitted in the State of Indiana.

Must not be an officer, employee, or an agent of a public school or planning district, the department of education, or any other agency that may be involved in the education or care of a student.

### PERSONAL BACKGROUND

NAME OF APPLICANT		NAME OF SCHOOL DISTRICT(S) YOU CURRENTLY RESIDE IN?	
RESIDENTIAL ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)	ATTORNEY/MEDIATOR NUMBER
WORK ADDRESS (Street, City, State, Zip Code)		WORK TELEPHONE (Include Area Code)	E-MAIL(S)

### EDUCATIONAL BACKGROUND

SCHOOL	NAME OF SCHOOL	CITY	STATE	DATES ATTENDED		MAJOR OF FIELD	DIPLOMA OR DEGREE
				From	To		
College or University							
Law School							
Other							

1. Describe any potential conflict of interest arising out of professional position(s) that you have held or currently hold concurrent with an appointed term as an independent hearing officer and a special education mediator. Describe what, if any, personal interests that you have that would conflict with your objectivity in a due process hearing and a special education mediation.

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2. Is there anything that would prohibit you from discharging the duties of an independent hearing officer and a special education mediator, or that would affect your ability to accept a hearing or mediation assignment anywhere in the State of Indiana?

Yes  No *If Yes*, explain on an additional sheet.

3. List all states in which you have been licensed to practice law, including Indiana.

ATTORNEY NUMBER	STATE / ISSUING AUTHORITY	DATE	CHECK IF CURRENT
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**PROFESSIONAL AND PERSONAL CONDUCT**

4. List all other professional or occupational licenses or certificates which you hold, including those related to being a registered mediator in Indiana or any other state.

LICENSE/CERTIFICATE	ISSUING AUTHORITY	DATE	CHECK IF CURRENT
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

5.  Yes  No Has your license ever been revoked or suspended or has your conduct been the subject of other discipline by any licensing authority, disciplinary body, or an employer? *If Yes*, state fully the facts and circumstances and the disposition. (Attach additional page)
6.  Yes  No Have any of your other professional or occupational licenses ever been revoked or suspended by an licensing authority, disciplinary body, or an employer? *If Yes*, state fully the facts and circumstances. (Attach additional page)
7.  Yes  No Have you ever been formally censured, adjudged or held in contempt or otherwise disciplined by any judge, court, or other tribunal? *If Yes* please explain the nature of the case and your involvement (Attach additional page)
8.  Yes  No Have you ever been a party to or otherwise personally involved in any litigation (other than a counsel)? *If Yes*, state the facts and circumstances fully, including date, court and disposition. (Attach additional page)
9.  Yes  No Have you ever been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor, except for a minor traffic offense? *If Yes*, state the facts and circumstances fully, including date, court and disposition. (Attach additional page)

**PERSONAL AND PROFESSIONAL REFERENCES**

10. Give the name and current phone number of three persons who have knowledge regarding your character and professional ability relevant to fulfilling the position of independent hearing officer and a special education mediator, and state how long each has known you. Any personal references must have had adequate opportunities for observing your professional and general conduct and ability. Describe your relationship to these individuals.

NAME	RELATIONSHIP (e.g. Friend)	TELEPHONE NUMBER	LENGTH OF ACQUAINTANCE

**CANDIDATE STATEMENTS**

11. State your attributes and skills which should be considered in the evaluation of your application to serve as an independent hearing officer and a special education mediator.

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12. Describe why you believe you can effectively fulfill the responsibilities of an independent hearing officer and special education mediator, and why you desire to serve in that capacity.

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## CANDIDATE RESPONSE TO DUE PROCESS CASE SCENARIO

Johnny is an 8-year-old second grade student attending Franklin Elementary School as a general education (i.e., non-special education) student. Johnny has struggled with letter and word recognition/decoding since kindergarten. During first grade, Johnny avoided reading out loud as much as possible. For the last six months, Johnny's difficulties with reading out loud and with silent reading assignments have become more noticeable, as second grade students are required to participate in various projects where reading out loud is required.

Franklin Elementary School, as required by IC 20-35.5, screens for dyslexia and provides interventions when warranted. Johnny participated in an initial dyslexia screening when he was in kindergarten and his parents were notified that the results indicated a need for dyslexia intervention services. The parents were also provided with information and resource material, including the following: (A) characteristics of dyslexia; (B) appropriate classroom interventions and accommodations for students with dyslexia; and (C) a statement that the parent may elect to have the student receive an educational evaluation by the school. The parents responded to this notice by thanking the school in advance for the classroom interventions and accommodations that would be provided to Johnny and also indicating they elect to have the student receive an educational evaluation by the school.

For the remainder of Johnny's kindergarten year, and throughout first grade, Johnny seemed to enjoy school and received good report cards. His parents believed the classroom interventions for dyslexia were successfully addressing Johnny's reading needs as the school did not report any continued reading problems to the parents.

During the first few months of second grade, Johnny's teacher, Ms. McLean (a first year teacher), has tried to provide individualized attention to Johnny by modifying his work assignments, supplementing his reading exercises, and even providing one-on-one tutoring. Though a little progress has been shown, Johnny is still struggling with his reading. Ms. McLean has also sought advice from other school staff to come up with further ways of supporting Johnny in class. Ms. McLean has shared her observations and concerns about Johnny's progress with Johnny's parents. They were surprised to learn of Johnny's reading difficulties from the second grade teacher, as they believed the interventions provided in kindergarten and first grade were successfully addressing Johnny's reading issues.

The parents requested a meeting with the teacher and principal to discuss Johnny's reading. At the meeting, it was discovered that despite being advised that the screening administered in kindergarten indicated a need for dyslexia interventions, no such interventions had been administered in kindergarten or first grade, nor was parental consent sought for a level I screening. The school's authorized reading specialist trained in dyslexia had resigned at the end of Johnny's kindergarten year and the school had been unable to hire a qualified replacement. Although the parents had been advised they could elect to have the student receive an educational evaluation, and they made that election, the school did not follow up and did not seek consent to evaluate the student. Further, the second grade teacher had not been informed of the results of the dyslexia screening administered when the student was in kindergarten.

At the meeting, the parents specifically requested an educational evaluation. The school indicated that the only possible disability category that could be applicable would be specific learning disability, and they cannot determine the existence of a specific learning disability until the student is in at least third grade. The school proposed that they institute dyslexia interventions and accommodations through the rest of the second grade year, and if the student doesn't make progress during that time, the school will evaluate at the start of third grade.

Johnny's parents have filed a due process hearing request in response to the school's proposal to provide dyslexia interventions and delay an educational evaluation until the next school year. The Office of Special Education has assigned this case to you. Please address the following:

1. Frame the issues in this case.
2. What is the student's educational placement pending the outcome of the hearing?
3. What additional information or evidence would you need in order to render a decision?

Please limit your answer to no more than three double-spaced, typed pages. Cite to Indiana's Special Education Regulations known as Article 7 (511 IAC 7-32 through 7-49). Please attach your response to this application.

## APPLICANT STATEMENT

*I authorize investigation of all statements contained in this application for an independent hearing officer and a special education mediator as may be necessary in arriving at an appointment decision, including investigation of any criminal record I may have. I hereby certify that the answers given herein, to the best of my knowledge, are true, accurate, and complete. Any misrepresentations or willful omissions of fact given in my application or interview(s) shall be sufficient cause for disqualification of this application or, in the event of appointment, may result in removal from the list of qualified independent hearing officers and a special education mediator.*

*I understand that I am required to abide by applicable regulations of the Indiana State Board of Education.*

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Date

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**Original** Signature of Applicant