

Request for Special Education Expedited 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 type="text"/>	Student's Address:*	<input type="text"/>	City:*	<input type="text"/>
State:*	<input type="text"/>	Zip code:*	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth(M/D/Y):	<input type="text"/>	Age:	<input type="text"/>	Grade:	<input type="text"/>
Name of Parent/Guardian:	<input type="text"/>		Email:	<input type="text"/>	
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Zipcode:	<input type="text"/>		Home Number:	<input type="text"/>	Work Number:
<input type="text"/>	<input type="text"/>	Cell Number:	<input 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 type="text"/>	Telephone Number:	<input type="text"/>
	<input type="text"/>	Fax Number:	<input type="text"/>

SCHOOL INFORMATION

Name of School Student Attends:*	<input type="text"/>
Name of Superintendent, School Corporation or Charter School and Address/Telephone/Fax:	<input type="text"/>
Name of Attorney for School Corporation or Charter School and Address/Telephone/Fax:	<input type="text"/>

I am requesting an **expedited** due process hearing on the following issue(s) 511 IAC 7-45-10:*

- The parent disagrees with a determination that the student's behavior was not a manifestation of the student's disability.
- The parent disagrees with the public agency's decision regarding the student's disciplinary change of placement.
- The public agency requests because the public agency maintains that it is dangerous for the student to return to the current placement (placement prior to removal to the interim educational setting) after expiration of the student's placement in an interim alternative education setting.

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.