



## Request for Special Education Due Process Hearing

[www.doe.in.gov/specialed/hearings](http://www.doe.in.gov/specialed/hearings)

**INSTRUCTIONS:** Form may be completed electronically, but must be printed and must include a hand written signature. Please mail or fax to the Office of Special Education, and to the opposing party.

### STUDENT INFORMATION

Name of Student:	<input type="text"/>	Student's Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zipcode:	<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"/>
Cell Number:	<input type="text"/>				

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)*

- ☐ The student's identification and eligibility for services under Article 7.
- ☐ The appropriateness of the educational evaluation.
- ☐ The appropriateness of the student's proposed or current level of special education services or placement.
- ☐ Reimbursement for services obtained by the parent.
- ☐ 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. (Attach additional pages as necessary.)

Printed Name

Signature

Date

**Note: Form may be completed electronically, but must be printed and must include a hand written signature. Requests received without written signature will NOT be processed.** Completed form may be mailed and or faxed 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 or fax to the opposing party.