



Request for Special Education Expedited Due Process Hearing

<https://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 a copy to the Office of Special Education, and mail or fax 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:

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.

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.