

REQUEST FOR SPECIAL EDUCATION DUE PROCESS HEARING

You are not required to use this form to officially request a due process hearing; however, the law requires that due process hearing requests must include the information contained on this form. Please refer to the checklist on the last page of this form before submitting a completed form request. All requests for a due process hearing **must** be signed. Federal law and state regulations also require you to send a copy of your hearing request to the opposing party, e.g. school, school district, parent, etc.

1. Student Information

Name: _____ Date of Birth: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Alternate phone number: _____
Name of school student attends/attended: _____
__ Male __ Female Grade: ____ Race: _____ Exceptionality: _____
Is student currently receiving special education services? __ Yes __ No

2. Requestor Information

Requestor Name: _____ Relationship to student: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Alternate phone number: _____
Fax number: _____ Email address: _____
Does requestor need accommodations in order to participate in this process? __ Yes __ No

3. Violation Information

Your request must allege a violation of the Individuals with Disabilities Education Act (IDEA), La. R.S. 17:1941, et seq., and/or its implementing regulations. The violation must have occurred within one year before the Department received the due process hearing request. Describe the problem/nature of dispute. What are the relevant facts, significant people, dates, and/or events? Do you have a proposal/resolution for the stated dispute/problems(s)? Are there any documents the administrative law judge should review that support the allegation(s)?

**Attach pages with additional information or allegations as needed. (Additional pages __)

***Are you interested in mediation? Did you also submit a mediation request?

4. Notification of Due Process Hearing Request

By federal law and state regulation, you are required to send a copy of the Request for Due Process Hearing to the school district or parent. Please confirm below when and to whom you sent the copy of the due process hearing request.

Date: ____/____/____

LEA Special Education Director or Superintendent

Mailing Address

Email Address: _____

5. Signature(s)

By federal law and state regulation, you must sign the request for a due process hearing.

Requestor's Signature: _____ Date: ____/____/____

Due Process Hearing Checklist

Before submitting your request for a due process hearing, please make sure you have included or completed the items listed below.

- You provided the student's name, contact information, and name of the school district the student attends when requesting a due process hearing request on behalf of an individual student. (Section 1)
- You provided your name, address, email, and contact information where you can be reached. (Section 2)
- You provided detailed information about when, where, and how the alleged violation took place. (Section 3)
- You provided a proposed solution to the problem. (Section 3.e.)
- You signed your complaint. (Section 5)
- You sent a signed copy of your complaint to the school district. (Section 4)
- Only alleged violations that occurred within ONE YEAR of the date the Department receives the request for due process hearing may be considered by the administrative law judge. (Section 3.c.)

Mail, fax, or email your request for due process hearing to:

Louisiana Department of Education
 Attn: Legal Division
 1201 North 3rd Street
 Baton Rouge, LA 70802
 Fax: (225) 342-1197
 Email: DisputeResolution.DOE@la.gov

SUBMIT REQUEST

*You **must** also send a **signed** copy of your request for a due process hearing to the special education director or superintendent of the school district that allegedly committed the violation.*

Accessibility needs of the parent or student with a disability to participate in the investigation.

Translation Needs (Please specify): _____

Interpreter Needs (Please specify): _____

Accessibility Needs (Please specify): _____