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. Please sign your request. 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 relate to the student's identification, evaluation, educational placement, or free appropriate public education under the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1400 et seq., La. R.S. 17:1941 et seq., and/or their implementing regulations. You must file within two years of the date you knew or should have known about the alleged action that forms the basis of the 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)

Please 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, if known. (Section 3)
- ☐ You signed your complaint. (Section 5)
- ☐ You sent a signed copy of your complaint to the school district. (Section 4)
- ☐ You filed your request within TWO YEARS of the date you knew or should have known about the alleged action that forms the basis of the request. (Section 3)

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): _____