

## **Due Process Hearing Request Form**

**Special Education** 

A parent or school district/charter may file a due process hearing request with the Dispute Resolution Coordinator. It is also necessary for you to provide a copy of the hearing request to either the school district/charter or the parent named below.

You may either use this form or submit a letter that includes the required information below, including your signature and confirmation that a copy of your due process hearing request has been provided to the other party. If you need assistance filing this request, please contact our office at (208) 332-6914.

\*Asterisked items are optional and not required.

## GENERAL INFORMATION Date of Written Request: Name of Individual Requesting Hearing: Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: Phone: \*Preferred Method of Contact: ☐ Email ☐ Phone \*Relationship to Student: STUDENT INFORMATION Name of Student: \_\_\_\_\_ \*Grade: \*Age: School District/Charter: \_\_\_\_\_\_ School Student Attends: \_\_\_\_\_ Student's Attorney (if applicable):

	Name of Parent/Guardian:	
Address:		
	Zip:	
:mail:	Phone:	
DISTRICT/CHARTER INFORMATI	ON	
Name of School District/Charter	Complaint Is Against:	
*Name of Special Education Dire	ector:	
*Email:	*Phone:	
District's/Charter's Attorney (if a	applicable):	
	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	
Summarize the facts and informated additional pages if needed.	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	
	ation as a basis for each allegation. You may attach	

<b>ESOLUTION:</b> Please provide suggestions for resolving the alleged violations to the extent nown and available.
Signature of Complainant Date
onfirm that a copy of this request for a state due process hearing has also been provided
☐ <b>The special education director</b> of the named school district/charter☐ <b>The parent/guardian</b>
u may mail or email the signed and completed request to the following:
spute Resolution Coordinator aho Department of Education 3 Box 83720

Email: disputeresolution@sde.idaho.gov

Boise, ID 83720-0027

The Idaho Department of Education takes precautions to maintain the confidentiality of personally identifiable information. However, email communications are not always secure and may be read by individuals who are not the intended recipients. By completing this sample form and emailing it to the Idaho Department of Education, you acknowledge that you understand the potential risks and are voluntarily communicating by email.