

PURPOSE: This form is used to request a due process hearing under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). This request is provided directly to the other party and a copy is provided to the Office of Superintendent of Public Instruction (OSPI), Administrative Resources Services.

Due Process Hearing Request

TO:

(Insert the name and address of the party (parent or district) to whom you are providing this notice. If the notice is to the school district, use the school district superintendent's name and the district superintendent administration address for purposes of notification.)

AND A COPY TO:

OSPI
 Administrative Resource Services
 PO BOX 47200
 Olympia, WA 98504-7200
 Phone: (360) 725-6133
 Email: appeals@k12.wa.us

You must provide your request for due process directly to the other party and provide a copy of the request to OSPI Administrative Resource Services.

I. STUDENT INFORMATION:

Student Name:	Parent Name:
Date of Birth:	Parent or Guardian
Address:	address (if different from the student's):
City/State/Zip:	City/State/Zip:
School District:	Parent or Guardian Phone:
School Name:	Name of person requesting hearing and relationship to student:
School Address:	For child who is homeless, contact name and address if different from the above information:

II. DISCIPLINE

Does this due process hearing request involve a special education disciplinary matter?
(Hearings for violations of special education disciplinary matters involve removals of a student for more than ten school days in a school year, manifestation determination procedures, or other placement decisions resulting from the disciplinary removal.) Yes No

III. PROBLEM AND FACTS: What is the nature of the problem that relates to the child's special education program and what are the facts that relate to the problem?

IV. PROPOSED SOLUTION: Describe the things that you believe will resolve the issues based on the information available to you.

(Boxes III and IV are expandable. Use additional pages if necessary)

V. CERTIFICATION OF DELIVERY

I certify that on ____, I provided this due process request to: (list name or names and address.)

By: Regular Postpaid Mail Certified Mail Fax Hand Delivery
Other _____

 X _____
Signature of Person(s) Requesting Due Process Hearing Date

IMPORTANT INSTRUCTIONS

Please provide your due process request to the other party and a copy of this notice to OSPI, Administrative Resources Services, at the address above. Keep a copy of your request and proof of delivery to the other party. **Do not submit supporting documents with your request for a due process hearing.**

This form is provided to you as a model for your use. You are not required to use this form; however, failure to address the elements required in IDEA 2004 or failure to provide the other party, or his or her representative with a due process hearing request may result in a delay of the hearing and/or in a reduction of attorney fees, if awarded.

A publication entitled, "Procedures and Timelines for Due Process Hearings under IDEA 2004" provides additional information on the timelines and procedures for impartial due process hearings. You may download a copy at:

http://www.k12.wa.us/SpecialEd/pubdocs/DPH_Time_Procedures.doc.

You may also request a copy of this document or other publications by calling (360) 725-6133 or (360) 725-6075.