



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: _____

Address: _____

*Grade: _____ *Age: _____

School District/Charter: _____ School Student Attends: _____

Student's Attorney (if applicable): _____

PARENT/GUARDIAN INFORMATION: Check Here If Same As Requestor

Name of Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

DISTRICT/CHARTER INFORMATION

Name of School District/Charter Complaint Is Against: _____

*Name of Special Education Director: _____

*Email: _____ *Phone: _____

District's/Charter's Attorney (if applicable): _____

ISSUE(S): Describe your specific problem that relates to any matter of identification, evaluation, educational placement, or provision of a free appropriate public education. Summarize the facts and information as a basis for each allegation. You may attach additional pages if needed.

RESOLUTION: Please provide suggestions for resolving the alleged violations to the extent known and available.

Signature of Complainant

Date

I confirm that a copy of this request for a state due process hearing has also been provided to:

- The special education director** of the named school district/charter
- The parent/guardian**

You may mail, fax, or email the signed and completed request to the following:

Dispute Resolution Coordinator
Idaho Department of Education
PO Box 83720
Boise, ID 83720-0027
Fax: (208) 334-2228
Email: disputeresolution@sde.idaho.gov

The Idaho State 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 State Department of Education, you acknowledge that you understand the potential risks and are voluntarily communicating by email.