



Expedited Due Process Hearing Request Form

Special Education

Please submit any request for a due process hearing to the *Dispute Resolution Coordinator* via email, postal mail: *State Department of Education, PO Box 83720, Boise, ID 83720-0027* or fax to (208) 334-2228. It is also necessary for you to provide a copy of this form to the school district named below (You may use this form or submit a letter that includes the information below, including certifying that you have provided a copy to the school district).

I have provided a copy of this form to the school district.

A. GENERAL INFORMATION:

Date of Written Request: _____

Name of Individual Requesting Hearing: _____

Address: _____

City: _____ Zip: _____

Email: _____

Telephone: _____

Preferred Method of Contact: Telephone Email

Relationship to Student: _____

Name of District /Agency Hearing Request Is Against: _____

STUDENT INFORMATION:

Student Name: _____

Student's Grade: _____ Student's Age: _____

School Student Attends: _____

Student's Attorney (if applicable): _____

PARENT/GUARDIAN INFORMATION: Check Here If Same As Requestor

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Email: _____ Telephone: _____

DISTRICT INFORMATION

Special Education Director Name: _____

Phone: _____ Email: _____

District's Attorney (if applicable): _____

B. 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.

C. RESOLUTION: Please provide your suggestions for resolving the problem.

By my signature below, I certify that a copy of this request for a due process hearing has been provided to the special education director of the named school district.

Signature of Individual Requesting Hearing

Date