

## Request for Special Education Due Process Hearing

<https://www.in.gov/doe/students/special-education/>

**INSTRUCTIONS:** Form may be completed electronically, but must be printed and must include a handwritten signature. Please mail or fax a copy to the Office of Special Education, and to the opposing party. **An asterisk (\*) indicates required information.**

### STUDENT INFORMATION

Name of Student:*	<input type="text"/>	Student's Address:*	<input type="text"/>	City:*	<input type="text"/>
State:*	<input type="text"/>	Zip code:*	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth(M/D/Y):	<input type="text"/>	Age:	<input type="text"/>	Grade:	<input type="text"/>
Name of Parent/Guardian:	<input type="text"/>			Email:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Zipcode:	<input type="text"/>	Home Number:	<input type="text"/>	Work Number:	<input type="text"/>
Cell Number:	<input type="text"/>				

**In the case of a homeless student as defined by 511 IAC 7-32-46, available contact information for the student is required.**

Name/Address of Attorney Representing Student and Parent/Guardian: (If this section is completed, all information and correspondence regarding due process will be forwarded to the attorney.)	<input type="text"/>	Telephone Number:	<input type="text"/>
		Fax Number:	<input type="text"/>

### SCHOOL INFORMATION

Name of School Student Attends:*	<input type="text"/>
Name of Superintendent, School Corporation or Charter School and Address/Telephone/Fax:	<input type="text"/>
Name of Attorney for School Corporation or Charter School and Address/Telephone/Fax:	<input type="text"/>

### DISPUTE ISSUES

I am requesting a general due process hearing on the following issue(s): **(Check all that apply)\***

- ☐ The student's identification and eligibility for services under Article 7.
- ☐ The appropriateness of the educational evaluation.
- ☐ The appropriateness of the student's proposed or current level of special education services or placement.
- ☐ Reimbursement for services obtained by the parent.
- ☐ The provision of a free appropriate public education for the student 511 IAC 7-45-3(a)(3).

You must include/provide the facts relevant to the dispute.\* (Attach additional pages as necessary.)

Briefly explain the resolution you are seeking to the extent known.\* (Attach additional pages as necessary.)

Printed Name\*

Signature\*

Date

**Note: Form may be completed electronically, but must be printed and must include a hand written signature. *Requests received without written signature will NOT be processed.*** Completed form may be mailed, faxed or delivered simultaneously to the: Indiana Department of Education, Office of Special Education, IGCN 9th Floor, 100 N Senate Ave., Indianapolis, IN 46204, Fax number - 317/232-0589; and mail or fax to the opposing party.