

**Office of Administrative Law Proceedings**

100 North Senate Ave., Room N802

Indianapolis, IN 46204-2745

Email: oalp@oalp.in.gov

Telephone: (317) 234-6689 / Fax (317) 232-8142

Request for Special Education Due Process Hearing

INSTRUCTIONS: Form may be completed electronically, but must be printed and must include a handwritten signature. Please mail, fax, or deliver a copy to the Office of Administrative Law Proceedings 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 and available to the parents at the time.* (Attach additional pages as necessary.)

Printed Name*

Signature*

Date

Note: Form may be completed electronically, but must be printed and must include a handwritten signature. Requests received without written signature will NOT be processed. Completed form may be mailed, faxed or delivered simultaneously to the: Office of Administrative Law Proceedings, 100 N Senate Ave., Room N802 Indianapolis, IN 46204, Fax number - 317/232-8142; and mail, fax, or deliver to the opposing party.