

REQUEST FOR SPECIAL EDUCATION DUE PROCESS HEARING

The Individuals with Disabilities Education Act (IDEA) provides for due process hearings to resolve disputes relating to the identification, evaluation, or placement of a student with a disability or regarding the provision of a free appropriate public education. IDEA also requires that the Texas Education Agency develop a model form to assist parties in requesting special education due process hearings.

The attached form may be used to request a due process hearing. You may use it to satisfy IDEA's notice requirements, or you may submit any written request that includes the name and address of the child, the name of the child's school, a description of the problem(s) and relevant facts to be reviewed at hearing, and a proposed resolution to the problem(s). Please note that the asterisked (*) information is required. If the request does not include all of the asterisked (*) information, the other party may challenge the sufficiency of the request.

This request is being filed by:

- Parent/Student
 School District or Other Local Education Agency (LEA)

Is this a request for an expedited due process hearing involving a special education disciplinary matter? Yes No

(A parent may request an expedited hearing **only** when the parent disagrees with a placement for disciplinary removals or with a manifestation determination. An LEA may request an expedited hearing **only** when the LEA believes that maintaining the current placement is substantially likely to result in injury to the student or to others).

STUDENT INFORMATION

*Name:	
Date of Birth:	
*Address:	
*Additional contact information if student is homeless:	

PARENT, GUARDIAN, OR SURROGATE PARENT INFORMATION

Name:			
Address:			
Phone Number(s):	(home)	(cell)	(work)
Email:	(optional)		

SCHOOL INFORMATION

School District:	
*Campus:	

PERSON FILING THE REQUEST

Name:	
Relationship to Student:	<input type="checkbox"/> Parent <input type="checkbox"/> LEA <input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian/ Surrogate Parent

ATTORNEY/ADVOCATE (IF APPLICABLE)

Name:			
Capacity:	<input type="checkbox"/> Attorney, Bar Number:	<input type="checkbox"/> Advocate	
Address:			
Phone:	(office)	(cell)	(fax)
Email:			

***Description of the Problem(s) and Relevant Facts:** Describe the nature of the problem(s) relating to a proposed initiation or change of placement or provision of free appropriate public education. Include relevant dates, specific events, and/or persons involved. You may add additional pages if necessary.

***Description of Proposed Resolution:** Describe what you believe would be the complete remedy and resolution of the problem(s) to the extent that you know and have that information available to you. You may add additional pages if necessary.

STATEMENT OF SERVICE

You are required by law to send or deliver a copy of any request for due process hearing to the other party and to the Texas Education Agency. Remember to retain a copy for your records. Please indicate your compliance with this requirement by checking the appropriate box below.

I have provided a copy of this request to all the named parties and to the Texas Education Agency by:

- First Class Mail
- Fax
- Hand Delivery (If other than requestor, name person who made service: _____.)

Signature: _____

Printed Name: _____

Mail or Fax this request to the other party **and** to Texas Education Agency
1701 North Congress Ave
Austin, Texas 78701
Fax: 512-463-6027