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.

This 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 residence of the student, the name of the school the student is attending, a description of the nature of the problem(s), including facts relating to the problem(s), and a proposed resolution to the problem(s). If the student is homeless, the request must also include available student contact information. Please note that the information following an asterisk (*) is required information. If the request does not include all of the required information, the other party may challenge the sufficiency of the request.

This reques	t is bei	ng file	ed by:					
•		•	•	ent or Adult St ucation Agenc				
Does this re timeline?	quest fo □ Ye		•	s hearing invo	olve a discip	olinary matter	that requires an exped	ited
regarding a dis	ciplinary	placem	nent or with a	manifestation d	etermination.	An LEA may re	student disagrees with a deci equest an expedited hearing c esult in injury to the student o	only
				Student I	nformatio	n		
*Name:								
Date of Birth:								
*Address:								
*Available co	ontact in	format	ion if Stude	nt is homeless:				
		Pare	nt, Guard	dian, or Sui	rogate Pa	arent Inforr	mation	
Name:								
Address:	Ţ							
Phone Numb	(home	<u>e)</u>		(cell)		(work)		
Email:	(option	al)						
	1			School I	nformatio	n		
School District:								
*Name of the								
School Student is Attending:								
			Р	erson Filin	a the Red	ıuest		
Name:					<u>J</u>			
Relationship to Student: Parent			□LEA □Se	LEA				
		Α	ttorney/ <i>I</i>	Advocate fo	r Reques	itor (if applica	able)	
Name:			<u>*</u>		-	, ,	,	
Capacity:	☐Attorney Bar Number:			er:			□Advocate	
Address:								
Phone:	(office)			(cell)		(fax)		
Fmail:								

*Description of the Problem(s) and Relevant Facts: Describe the nature of the problem(s) relating to a proposed or refused initiation or change in the identification, evaluation, or educational placement of or the provision of a free appropriate public education to the student. 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 o 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 Email Fax Hand Delivery (If other than requestor, name person who made service:)
Signature:
Printed Name:
Mail, email, fax, or hand deliver this request to the other party and to:
Texas Education Agency

1701 North Congress Ave Austin, Texas 78701 Email: SE-Legal@tea.texas.gov Fax: 512-463-6027