

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 request is being filed by:

- Parent, Guardian, Surrogate Parent or Adult 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 or adult student may request an expedited hearing **only** when the parent or adult student disagrees with a decision regarding a disciplinary placement 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:	
*Available 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:	
*Name of the School Student is Attending:	

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 or 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 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 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, fax, or hand deliver this request to the other party **and** to:

Texas Education Agency
1701 North Congress Ave
Austin, Texas 78701
Fax: 512-463-6027