



Request for Special Education Due Process Hearing

Indiana Department of Education
Office of Special Education
115 W Washington St
South Tower Ste 600
Indianapolis, IN 46204
Telephone: (317)233-2131
Toll Free: 1-877-851-4106
Fax: (317)232-0589

<https://www.doe.in.gov/specialed/special-education-due-process-hearings-511-iac-7-45-3-7-45-7>

INSTRUCTIONS: Form may be completed electronically, but must be printed and must include a hand written signature. Please mail or fax to the Office of Special Education, and to the opposing party.

STUDENT INFORMATION

Name of Student:	<input type="text"/>	Student's Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zipcode:	<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"/>				

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.)	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. (Space below is limited to 24 lines. Attach additional pages as necessary.)

Briefly explain the resolution you are seeking. (Space below is limited to 18 lines. 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 and or faxed simultaneously to the: Indiana Department of Education, Office of Special Education, 115 W Washington St., South Tower Ste 600, Indianapolis, IN 46204, Fax number - 317/232-0589; and mail or fax to the opposing party.