

Your Address
Your Phone Number
Date

Principal
Your Child's School
Address

Dear :

I am the parent of _____, whose date of birth is _____. My child is a student in the _____ grade.

I hereby request a formal Due Process Hearing concerning my child's special education program and placement. In particular, my area(s) of concern are _____

_____. I believe that for my child to receive an appropriate program and placement, the following changes are needed:

_____.

I am requesting that the Hearing be Open/Closed and held during the Day/Evening.

[I would appreciate receiving copies of all my child's records prior to the hearing and as soon as possible.]

Thank you.

Sincerely

Your Name

cc: District Superintendent
Director of Special Education
Office for Dispute Resolution