

Your Address
Your Phone Number

Date

Principal
Your Child's School
School Address

Dear Principal:

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

I hereby request a Special Education Due Process Hearing concerning my child's special education program (or evaluation, placement, or other issue). In order to complete my request, I am providing the following information:

My child and I live at [if your child lives at a different address, include the student's address also; if you are homeless, provide any contact information that is available].

_____.

My reasons for disapproving the school district's recommendation are [List all of the problems that you have with your child's special education program that you would like to be discussed at the hearing (it may be difficult to add issues later). Be sure to include all facts that explain the problems - see example below.]:

_____.

(For example: I am rejecting the offered IEP for my daughter because it proposes a separate special education classroom. I believe that my daughter can succeed educationally if she is placed in a regular classroom with supports. My daughter had a successful experience in a regular preschool, and she needs typically developing classmates to help her learn to speak and behave appropriately. My daughter also needs speech therapy, and the school district won't agree to provide it, etc.)

My proposed solution(s) to the problem(s) are [If you have a proposed solution list it here, or say

that you don't know how to fix the problem.]

(For example: I think my daughter would do well in a regular 1st grade class if she had an aide to help with recess, and a special education teacher to help her with math and to help her teacher change the curriculum to take account of her learning needs and levels. My daughter also needs two hours/week of speech therapy, etc.)

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: Office for Dispute Resolution,
6340 Flank Drive, Suite 600
Harrisburg, PA 17112-2764

School Superintendent

IMPORTANT NOTE:

BEFORE MAKING A REQUEST FOR A SPECIAL EDUCATION DUE PROCESS HEARING, PLEASE REVIEW THE SECTION OF THIS BOOKLET CALLED "HOW TO RESOLVE SPECIAL EDUCATION DISPUTES." THAT SECTION EXPLAINS YOUR OPTIONS WHEN YOU DISAGREE WITH THE DECISION OF A SCHOOL DISTRICT OR A PUBLIC CHARTER SCHOOL. YOU CAN USE THIS LETTER TO ASK FOR A SPECIAL EDUCATION HEARING AT ANY TIME. OFTEN A FAMILY MAKES A REQUEST FOR A HEARING BY DISAPPROVING A SCHOOL OR SCHOOL DISTRICT PROPOSAL ON A NOTICE OF RECOMMENDED PLACEMENT (NOREP) AND CHECKING THE BOX FOR A SPECIAL EDUCATION DUE PROCESS HEARING. IF YOU REQUEST A HEARING ON THE NOREP, OR FILL OUT THE HEARING REQUEST FORM ON THE ODR WEBSITE, YOU MAY NOT HAVE PROVIDED ALL OF THE INFORMATION REQUIRED FOR A HEARING REQUEST. THEREFORE, WE RECOMMEND THAT YOU ALSO SEND THE CHARTER SCHOOL OR SCHOOL DISTRICT THIS LETTER. MAKE SURE THAT YOU SEND A COPY OF THE COMPLETED LETTER TO THE OFFICE OF DISPUTE RESOLUTION. KEEP A COPY FOR YOUR RECORDS.