Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button. Be sure to update to Adobe Reader 9.

ILLINOIS STATE BOARD OF EDUCATION
Special Education Compliance Division
100 North First Street
Springfield, Illinois 62777-0001

DISTRICT REQUEST FOR AN IMPARTIAL DUE PROCESS HEARING OFFICER

INSTRUCTIONS: *The local school district superintendent must complete this form and forward the original by a means that provides written evidence of delivery to the State Superintendent of Education within 5 days of receipt of the request for a hearing. A copy of the completed form must also be sent to the parent/guardian of the student who is the subject of the dispute. A local school district may not deny a request for a due process hearing. The district is advised to review the due process regulations found at 23 Illinois Administrative Code 226.605 and Section 14-8.02 of the School Code.*

DISTRICT INFORMATION

NAME AND ADDRESS OF DISTRICT REQUESTING APPOINTMENT OF AN IMPARTIAL DUE PROCESS HEARING OFFICER

TELEPHONE ( )

NAME AND ADDRESS OF JOINT AGREEMENT/COOPERATIVE

TELEPHONE ( )

NAME OF STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION

DATE ON WHICH DISTRICT RECEIVED THE REQUEST FOR HEARING

NAME OF PERSON REQUESTING THE HEARING

NAME AND ADDRESS OF PARENT/GUARDIAN

HOME TELEPHONE ( )

DAYTIME TELEPHONE ( )

PRIMARY LANGUAGE(S) SPOKEN BY PARENT AND STUDENT

IS AN INTERPRETER NEEDED? ☐ **Yes** ☐ **No**

NAME AND ADDRESS OF ATTORNEY FOR THE DISTRICT

☐ All information pursuant to this request should be sent to the District's attorney.

TELEPHONE ( )

NAME AND ADDRESS OF ATTORNEY FOR THE PARENT/GUARDIAN

☐ All information pursuant to this request should be sent to the parent's attorney.

TELEPHONE ( )

STUDENT INFORMATION AS REPORTED BY DISTRICT

NAME OF STUDENT ON WHOSE BEHALF THE HEARING IS REQUESTED

BIRTHDATE *(Month/Day/Year)*

SEX ☐ Male ☐ Female

RACE

DISABILITY

- ☐ Autism
- ☐ Deaf-Blindness
- ☐ Developmental Delay
- ☐ Emotional Disturbance
- ☐ Hearing Impairments
- ☐ Mental Retardation
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairments
- ☐ Other Health Impairments
- ☐ Specific Learning Disabilities
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairments

GRADE LEVEL

- ☐ Early Intervention (*Ages birth-3*)
- ☐ Early Childhood (*Ages 3-5)*
- ☐ Primary (*Grades K-3*)
- ☐ Intermediate (*Grades 4-6*)
- ☐ Jr. High (*Grades 7-8*)
- ☐ High School

PUPIL SETTING

- ☐ Public School
- ☐ Public School Residential Facility
- ☐ Parochial/Independent/Home Schooling
- ☐ State-Operated Facility
- ☐ Private Day/Out-of-State Day School
- ☐ Private In-State Residential Facility
- ☐ Private Out-of-State Facility
- ☐ Home/Hospital
- ☐ Other
- ☐ Separate Public School

POTENTIAL ISSUES AS IDENTIFIED BY DISTRICT

- ☐ Discipline (including suspension/expulsion)
- ☐ Education Placement
- ☐ Eligibility of Students for Sp. Ed. Services
- ☐ Evaluation of Students for Sp. Ed. Services
- ☐ Other intervention
- ☐ Procedural Safeguards
- ☐ Related Services
- ☐ Students ed. prog. as set forth in IEP
- ☐ Tuition Reimbursement

☐ District requested the hearing

☐ Parent requested the hearing **(Attach a copy of the written request.)**

☐ An expedited hearing is being requested to remove the student from his/her current placement or challenge the interim alternative educational setting and/or the manifestation determination.

☐ **Yes** ☐ **No** Were the parents offered mediation services?

☐ **Yes** ☐ **No** Are the parties interested in participating in the Illinois State Board of Education mediation services?

ISBE USE ONLY

Date *Signature of District Superintendent*

Print Reset Form