

HEARING OFFICER APPLICATION

INSTRUCTIONS: Please complete all areas of the application blank as typed or in blue or black ink. **Incomplete applications will not be considered.** If attachments are included, please indicate by numbering the attachment by referencing it to the corresponding question. All applications must be signed and dated. Please forward to the ***Due Process Coordinator*** at the above address. **NOTE:** Remember to return all attachments with this questionnaire.

MINIMUM QUALIFICATIONS: If you do not meet these qualifications, do not proceed with the application.

- Must be an Illinois Resident
- Must possess at least a master's level degree, a juris doctor degree, or a bachelor's degree with relevant experience.
- The statute prohibits hearing officers from being current employees of the following entities: Illinois State Board of Education, local school districts, special education cooperatives, regional service areas or centers, regional educational cooperatives, state operated elementary and secondary schools, or private providers of special education facilities or programs.

PART A - PERSONAL BACKGROUND

NAME OF APPLICANT	NAME OF SCHOOL DISTRICT(S) YOU CURRENTLY RESIDE IN?	
RESIDENTIAL ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE (Include Area Code)	COUNTY
WORK ADDRESS (Street, City, State, Zip Code)	WORK TELEPHONE (Include Area Code)	E-MAIL(S)

PART B - EDUCATIONAL BACKGROUND

SCHOOL	NAME OF SCHOOL	CITY	STATE	DATES ATTENDED		MAJOR OF FIELD	DIPLOMA OR DEGREE
				From	To		
College or University							
Graduate							
Other							

OTHER HONORS, AWARDS, etc.

1. Describe any other formal education or courses.

2. List all seminars, symposia, lectures or professional meetings or special education, disability issues, law, policy, services and service systems, and any other relevant topics which you have attended in the past five years. For each, state date, place, sponsoring organization and subject(s).

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PART B - EDUCATIONAL BACKGROUND (continued)

3. State the same as to any in which you have participated as speaker, lecturer, panelist, etc., identifying your role and subject(s) or topic(s).

4. If you have ever taught at a college or university, state school(s); date(s); subject(s); and your title, status, or role.

5. Describe any civic, philanthropic, community, social or public service activities involving children in the past five years including any posts or offices held, and honors or awards received.

PART C - EMPLOYMENT BACKGROUND

1. List any current or prior administrative hearing officer experience. State the reasons or circumstances for leaving this office. Check "F" or "P" for full or part-time.

F	P	SPONSORING AGENCY	APPROXIMATE NUMBER OF HEARINGS	DATES OF SERVICE	REASON FOR LEAVING
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

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PART C - EMPLOYMENT BACKGROUND (continued)

2. Please complete work history beginning with your current or last employer.

NAME OF CURRENT OR LAST EMPLOYER	EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.
ADDRESS (Street, City, State, Zip Code)	NAME/TITLE OF SUPERVISOR	
POSITION TITLE	TELEPHONE NUMBER OF SUPERVISOR (Include Area Code)	
DESCRIPTION OF DUTIES	ADDRESS OF SUPERVISOR, IF DIFFERENT THAN ABOVE	

3. Please complete work history of your past professional positions.

NAME OF LAST EMPLOYER	EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.
ADDRESS (Street, City, State, Zip Code)	NAME/TITLE OF SUPERVISOR	
POSITION TITLE	TELEPHONE NUMBER OF SUPERVISOR (Include Area Code)	
DESCRIPTION OF DUTIES	ADDRESS OF SUPERVISOR, IF DIFFERENT THAN ABOVE	
NAME OF LAST EMPLOYER	EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.
ADDRESS (Street, City, State, Zip Code)	NAME/TITLE OF SUPERVISOR	
POSITION TITLE	TELEPHONE NUMBER OF SUPERVISOR (Include Area Code)	
DESCRIPTION OF DUTIES	ADDRESS OF SUPERVISOR, IF DIFFERENT THAN ABOVE	
NAME OF LAST EMPLOYER	EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.
ADDRESS (Street, City, State, Zip Code)	NAME/TITLE OF SUPERVISOR	
POSITION TITLE	TELEPHONE NUMBER OF SUPERVISOR (Include Area Code)	
DESCRIPTION OF DUTIES	ADDRESS OF SUPERVISOR, IF DIFFERENT THAN ABOVE	

(Please attach an additional page for employment history if necessary.)

4. Describe any potential conflict of interest arising out of professional position(s) that you have held or currently hold concurrent with an appointed term as a hearing officer. Describe what, if any personal interests that you have that would conflict with your objectivity in a due process hearing.

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PART C - EMPLOYMENT BACKGROUND (continued)

5. Yes No Is there anything that would prohibit your from discharging the duties of a due process hearing officer, or that would affect your ability to accept a hearing assignment anywhere in the State of Illinois? *If Yes*, explain on additional sheet.
6. List any articles, treatises, texts, textbook or handbook chapters or other writing related to your professional training and experience that you have written and which have been published. State for each the completion citation, including publisher date, title, and subject matter. *(Use separate sheet. Please enclose copies, excepting texts and chapters. If you have written extensively, submit only representative selections.)*
7. Professional Volunteer Association and Activities. List of national, state, local specialty, honorary and other associations or societies to which you have belongs. For each membership and activity, state offices held and whether you are now a member in good standing (and if not, why). Attach additional page if needed.
8. Describe any other relevant experience: (Attach additional page if needed.)

9. List all professional or occupational licenses or certificates which you have held. If licenses or certificates are still current, indicate by checking "C".

LICENSE/CERTIFICATE	ISSUING AUTHORITY	DATE	CHECK IF CURRENT
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART D - PROFESSIONAL AND PERSONAL CONDUCT

10. Yes No Has any such license or certificate ever been revoked or suspended or has your conduct been the subject of other discipline by any licensing authority, disciplinary body, or an employer? *If Yes*, state fully the facts and circumstances and the disposition. (Attach additional page.)
11. Yes No Have you every been formally censured, adjudged or held in contempt or otherwise disciplined by any judge, court, or other tribunal? *If Yes*, state fully the facts and circumstances fully. (Attach additional page.)
12. Yes No Have you ever been a party to or otherwise personally involved in any litigation (other than as counsel)? *If Yes*, please explain the nature of the case and your involvement. (Attach additional page.)
13. Yes No Have you ever been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor, except for a minor traffic offense? *If Yes*, state the facts and circumstances fully, including date, court and disposition. (Attach additional page.)

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PART E - PERSONAL AND PROFESSIONAL REFERENCES

14. Give the names and current phone numbers of three persons who have knowledge regarding your character and professional ability relevant to fulfilling the position of Due Process Hearing Officer, and state how long each has known you. Any personal references must have had adequate opportunities for observing your professional and general conduct and ability. Describe your relationship to these individuals.

NAME	RELATIONSHIP (e.g. Friend)	TELEPHONE NUMBER	LENGTH OF ACQUAINTANCE

PART F - CANDIDATE STATEMENTS

15. State your attributes and skills which should be considered by the Committee in its evaluation of your application to serve as a hearing officer. Describe why you believe you can effectively fulfill the responsibilities of hearing officer, and why you desire to serve in that capacity.

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PART G - CANDIDATE RESPONSE TO DUE PROCESS CASE SCENARIO

Jane is a 9-year-old student attending Washington Elementary School as general education (i.e., non-special education) student. For the last six months, Jane has been having increasing problems with reading assignments in class. Her difficulties have been seen both with reading out loud and with silent reading assignments. She has difficulty with word decoding and with overall reading comprehension.

Over the course of the past six months, Jane’s teacher, Ms. Smith, has tried to provide more individualized attention to Jane by providing with her modified work assignments, supplemental reading exercises and individual tutoring. Though a little progress has been shown, Jane is still struggling with her reading. Ms. Smith has regularly shared her observations and concerns about Jane’s progress with Jane’s parents. Ms. Smith has also sought advice from other school staff to come up with further ways of supporting Jane in class.

Two months ago, Jane’s teacher met with a pupil support team at the school to discuss Jane’s ongoing problems. After the meeting, the special education coordinator, Mr. Jones, contacted the parents and informed them that Jane’s difficulties in reading were of real concern to the team and that they believed Jane should receive a full individualized educational evaluation. The parent stated to Mr. Jones that they would agree to have Jane evaluated, but that they believed her problems could still be managed in her current classroom. The parents provided Mr. Jones with their written consent to proceed with the evaluation.

Last month, the evaluation team met with the parents and reviewed the evaluation findings. The team recommended that Jane be found eligible for special education under the disability category of specific learning disability. Despite the disagreement expressed by the parents about their conclusions, the team developed an Individualized Education Program (IEP) requiring Jane to be pulled out of her classroom for two hours each week in order to work with a special education teacher on her reading. At the end of the meeting, the parents refused to give their consent for Jane’s placement as outlined in the IEP. The parents also stated their belief that the evaluation was not satisfactory and that “you need someone outside the school to take a second look at Jane.”

The School District has filed for a due process hearing in response to the parents’ refusal to grant consent for Jane’s placement in the special education program. The case has been assigned to you to decide. What do you see as the principal issues in the case? What additional information or evidence would you need in order to render a decision? For each instance of additional information you identify, why would the additional information be necessary in order for you to render a decision?

Please limit your answer to no more than three double-spaced, typed pages. You are free to use and cite legal references in your answer. Please attach your response to this application.

APPLICANT STATEMENT

I authorize investigation of all statements contained in this application for hearing officer as may be necessary in arriving at an appointment decision, including investigation of any criminal record I may have. I hereby certify that the answers given herein, to the best of my knowledge, are true, accurate, and complete. Any misrepresentations or willful omissions of fact given in my application or interview(s) shall be sufficient cause for disqualification of this application or, in the event of appointment, may result in discharge.

*I understand that I am required to abide by applicable regulations of the Illinois State **Board of Education**.*

“Failure to provide requested employment or employer history which is material to the applicant’s qualifications for appointment or the provision of statements which the applicant does not believe to be true may be a Class A misdemeanor.”

Date

Original Signature of Applicant