

ILLINOIS STATE BOARD OF EDUCATION

Special Education Services Division

100 North First Street, N-243

Springfield, Illinois 62777-0001

PARENT REQUEST FOR AN IMPARTIAL DUE PROCESS HEARING OFFICER

INSTRUCTIONS: This form has been developed to assist parents in requesting an impartial due process hearing. The completed form must be given to the superintendent of the student's resident district. Within 5 days of receipt of the request for a hearing, the local school district will forward a copy of the completed form to the Illinois State Board of Education to be shared with the appointed hearing officer. A local school district may not deny a request for a due process hearing. All parties involved in the dispute are advised to review the due process regulations found at 23 Illinois Administrative Code 226.605 and Section 14-8.02 of the School Code. The information reported on this form will be subject to the confidentiality requirements of the individuals with Disabilities Education Act and the Illinois School Student Records Act.

NAME OF STUDENT ON WHOSE BEHALF THE HEARING IS REQUESTED	STUDENT'S BIRTHDATE (Month/Day/Year)
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PARENT'S/GUARDIANS' LANGUAGE/MODE OF COMMUNICATION

A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED
 YES NO IF YES, Specify language/mode of communication _____

NAME OF PARENT/GUARDIAN	TELEPHONE (Include Area Code)
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ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL

NAME OF ATTORNEY FOR THE PARENT/GUARDIAN <i>(If this section is completed all information and correspondence regarding the due process will be forwarded directly to the attorney or representative.)</i>	TELEPHONE (Include Area Code)
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ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL

DISTRICT NAME AND NUMBER	TELEPHONE (Include Area Code)
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ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL

NAME OF THE SCHOOL STUDENT ATTENDS	TELEPHONE (Include Area Code)
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ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL

A DESCRIPTION OF THE DISPUTE *(Attach additional pages if necessary.)*

A DESCRIPTION OF THE RESOLUTION OR ACTION YOU ARE SEEKING *(Attach additional pages if necessary.)*

Date Submitted to District

Signature of Parent/Guardian