

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME AND ADDRESS OF ATTORNEY FOR THE DISTRICT	<input type="checkbox"/> All information pursuant to this request should be sent to the District's attorney.	TELEPHONE ()
NAME AND ADDRESS OF ATTORNEY FOR THE PARENT/GUARDIAN	<input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE
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DISABILITY

- | | | |
|--|---|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Behavior/Emotional Disorder | <input type="checkbox"/> Mental Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Health Impairment |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Undetermined (eligibility has not been determined) |

GRADE LEVEL

- | | | |
|--|--|--|
| <input type="checkbox"/> Early Intervention (Ages birth-3) | <input type="checkbox"/> Primary (Grades K-3) | <input type="checkbox"/> Jr. High (Grades 7-8) |
| <input type="checkbox"/> Early Childhood (Ages 3-5) | <input type="checkbox"/> Intermediate (Grades 4-6) | <input type="checkbox"/> High School |

PUPILSETTING

- | | | |
|---|--|---|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Private Day/Out-of-State Day School | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public School Residential Facility | <input type="checkbox"/> Private In-State Residential Facility | <input type="checkbox"/> Separate Public School |
| <input type="checkbox"/> Parochial/Independent/Home Schooling | <input type="checkbox"/> Private Out-of-State Facility | |
| <input type="checkbox"/> State-Operated Facility | <input type="checkbox"/> Home/Hospital | |

POTENTIAL ISSUES AS IDENTIFIED BY DISTRICT

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Graduation/Termination | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> Change of Placement | <input type="checkbox"/> IEP Requirements Not Met | <input type="checkbox"/> Revocation of Consent |
| <input type="checkbox"/> Conduct of Case Study Evaluation | <input type="checkbox"/> Inadequate Notice to Parents | <input type="checkbox"/> Summer School/Extended-Year Services |
| <input type="checkbox"/> Consent for Case Study Evaluation | <input type="checkbox"/> Independent Evaluation | <input type="checkbox"/> Suspension/Expulsion |
| <input type="checkbox"/> Consent for Reevaluation | <input type="checkbox"/> LRE | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Payment for Services | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> Dispute over Exceptionality | <input type="checkbox"/> Private vs. Public School Placement | <input type="checkbox"/> Alternative Educational Setting |
| <input type="checkbox"/> Dispute over Sufficiency of Services | <input type="checkbox"/> Related Service(s) | <input type="checkbox"/> Emergency Change in Placement |
| <input type="checkbox"/> Evaluation Timeline Not Met | <input type="checkbox"/> Residency | <input type="checkbox"/> Other _____ |

- 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?

Date

Signature of District Superintendent