

Request for a Due Process Hearing

Parents or educational agencies may request a due process hearing for issues related to the identification, evaluation, educational placement of a student with a disability, or the provision of a Free Appropriate Public Education (FAPE) to a student under the Individuals with Disabilities Education Improvement Act (IDEA).

<u>Please note</u>: Sections marked "Required" must be completed, all other information requested is optional. Parties are not required to use this form but must include the name of the Student, the street address of the student, the name of the student's school, a description of the problem, facts relating to the problem, and a proposed resolution to the problem in their request for a due process hearing.

If you are a parent requesting a due process hearing, you must provide a copy of your request to the educational agency. Due process timelines do not begin until the educational agency receives a copy of the due process hearing request. If you are an educational agency and you receive a due process hearing request, please immediately contact the Ohio Department of Education and Workforce or your attorney.

BASIC INFORMATION

The party requesting the hearing is (Required):
A parent/legal guardian of the student on whose behalf the hearing is requested.
A student with a disability who is at least 18 years old.
A school district of residence or a community school.
Other education agency:
Date a copy of the due process request was provided to (Required):
The educational agency or parent:
The Department of Education and Workforce:
INTERPRETER AND ACCESSIBILITY INFORMATION
Does the filing party need a bilingual or sign language interpreter? Yes No
If "yes," specify language or mode of communication:
Will the party filing this request need any accommodations for a disability during any in-person, virtual, or telephone
meetings related to this due process request? Yes No
If "yes," please list accommodations needed:

MEDIATION

Mediation is available to parents and schools at no cost. If both parties agree to mediate, a neutral official, called a mediator, who is trained in special education law and conflict resolution, will meet with the parties to discuss solutions to the dispute. Participation in mediation is voluntary.

Please check one statement:

I am requesting mediation. I authorize the educational agency to share information with the mediator about my child's identity, educational needs, and other factors related to mediation. I understand the mediator will keep this information confidential.

I am requesting more information about mediation.

I am not interested in mediation at this time.

PARENT OR LEGAL GUARDIAN INFORMATION

(Student information if student is at least 18 years old and does not have a legal guardian)

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Name of the individua	al requesting the due process he	earing:	
Address:			
City, State, Zip:			
			ess:
	STUDENT I	NFORMATIO	<u>N</u>
Name of the stude	nt(Required):		
Student's address	. In the case of a homeless st	udent, list avai	ilable contact information (Required):
Street address:			
Student's age	Student's birthday:		Student's grade:
<u>9</u>	CHOOL DISTRICT OR COM	MMUNITY SCI	HOOL INFORMATION
School district nan	ne (Required, if applicable): _		
Community school	I name (Required, if applicab	le):	
Other educational	agency name (Required, if ar	oplicable):	
Address:			
City:			Zip code:

DESCRIPTION OF THE NATURE OF THE PROBLEM

(Required)

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FACTS RELATED TO THE NATURE OF THE PROBLEM

(Required)

PROPOSED RESOLUTION TO THE PROBLEM

(Required)

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REQUEST FUR DUE PRUCESS HEARING RELATED TO DISCIPLINE ISSUES

Parents may request an "expedited" due process hearing if a disciplinary change in placement has exceed 10 consecutive school days, or cumulative school days as the result of a pattern of behavior. Parents may also request an expedited hearing if the parent disagrees with the outcome of a "manifestation determination."

Educational agencies may request an expedited due process hearing if a student's current placement is substantially likely to result in injury to the student or others.

Parents (please check one, if applicable):

I am requesting an expedited due process hearing because (check one):

I disagree with a decision concerning placement for a disciplinary removal.

I disagree with the manifestation determination review held for a disciplinary removal.

Educational agencies (please check, if applicable):

The educational agency believes maintaining the current placement of the student is substantially likely to result in injury to the student or others.

ATTORNEY INFORMATION

If an attorney is representing the party filing this request for a due process hearing, please fill out the contact information below. Parents are not required to be represented by an attorney.

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HOW TO SUBMIT YOUR REQUEST FOR A DUE PROCESS HEARING

You must send or give the original completed due process request to the opposing party; and

You must send a copy of the due process request to the Ohio Department of Education and Workforce by mail or e-mail.

Mailing address:

Ohio Department of Education and Workforce Dispute Resolution, Mail Stop 409 25 South Front Street Columbus, OH 43215-4183

E-mail address:

oecdueprocess@education.ohio.gov

QUESTIONS

If you have questions about due process procedures, please contact the Ohio Department of Education and Workforce:

By e-mail at: oecdueprocess@education.ohio.gov; or

By telephone at: 1-877-644-6338

For more information about due process or other available dispute resolution options please refer to the Ohio Department of Education and Workforce website here: https://education.ohio.gov/.