



**PART C INFANT-TODDLER SERVICES
NOTICE OF REQUEST FOR PART C DUE PROCESS HEARING**

I have a complaint relating to the identification, evaluation, or placement of my child or the provision of appropriate early intervention services to my child. Therefore, I submit this request for an impartial due process hearing including the following information:

1. My name, address and telephone number:

Name: _____

Address: _____

Telephone Number: _____

2. The name and address of my child:

Name: _____

Address: _____

3. The name, address and telephone number of my child's Infant-Toddler Services program:

Name of Program: _____

Address: _____

Telephone Number: _____

4. A short description of each concern and facts related to each concern (add additional pages, if needed):

5. A statement of what I think needs to be done to correct each problem or concern.

I have been informed that a Mediation Process is available to help resolve disputes relating to Identification, Evaluation, Placement, or the provision of early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA).

Signature of Parent or Representative

Date