



Rhode Island Department of Elementary & Secondary Education
**Model Form to Assist Parents/Guardians or Public Agencies in Requesting
 A Special Education Impartial Due Process Hearing**

(Revised 6/2011)

This form assists you in providing the information needed for requesting a special education impartial due process hearing on a matter related to the identification, evaluation, educational placement/services, or provision of a free, appropriate public education of a child with a disability under the Individuals with Disabilities Education Act (IDEA). It is recommended that this due process complaint action is used only after the parties have attempted other remedies such as informal, local resolution, mediation, or written special education state complaint, as applicable. Special Education dispute resolution processes are explained on the Department's website at: http://www.ride.ri.gov/OSCAS/Dispute_resolution/ Assistance with this form is available from the Office of Student, Community and Academic Supports Call Center at (401) 222-8999 or at (401)222-8344.

Child's Information	Child's Name: _____ Address where the child lives: Street _____ City _____ _____ State, Zip _____	Date of Birth: _____ School & Grade Level that the child attends: _____ City/Town where the school is located: _____ City or Town _____
	Parent(s) or Guardian(s) Name(s): _____ Mailing Address (if different than child's) _____ _____ (Street, City, State, Zip)	Parent(s) Phone/Contact Number(s): _____ Language used for <u>printed</u> material: _____ Language preferred for spoken conversation: _____

(Please use an additional page for the following, as needed.)

Allegation	Please state the nature of the problem of the child, relating to the proposed or refused initiation or change of the child's identification, evaluation, educational placements or provision of free, appropriate public education:
Facts	Please describe the facts related to the problem:
Proposed Resolution	To the extent known, what would resolve the problem?

ATTORNEYS OF RECORD, IF KNOWN:

_____	_____
For the Parent(s)	For the public agency

PARTY FILING DUE PROCESS COMPLAINT:

NAME (Print): _____ TELEPHONE/CELL/FAX: _____

ADDRESS: _____

Street City/Town State Zip Code

VERIFICATION THAT A COPY OF THIS DUE PROCESS COMPLAINT/HEARING REQUEST IS BEING FORWARDED TO THE OTHER PARTY TO THIS COMPLAINT (PARENT OR SCHOOL SUPERINTENDENT) (Circle one) Yes No

SIGNATURE: _____ Date _____

Please submit this completed form, or all information contained within, to: Dispute Resolution, Suite 500, Office of Student, Community and Academic Supports, RI Dept. of Education, 255 Westminster Street, Providence, RI 02903.