

**EVALUATION OF HEARING OFFICER
MANAGEMENT OF DUE PROCESS HEARING**

HEARING OFFICER: _____

STUDENT _____ CASE #: _____

LEA: _____ REVIEWER: _____

DATE(S) OF EVALUATION: _____

PRESENT FOR PARENT: _____

PRESENT FOR LEA: _____

LOCATION OF HEARING: _____ Hearing open to public: Yes No

Based on your review and observation of the hearing, did the hearing officer effectively convey or demonstrate the following? Please use the space below each entry to explain your position.

Issues considered at hearing: Yes No

Opening statement of hearing officer: Yes No

Handling of evidence and rulings on admissibility: Yes No

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Student: _____

Case #: _____

Preliminary rulings:

Yes

No

Management of witness examination:

Yes

No

Management of hearing room decorum:

Yes

No

Hearing officer questioning:

Yes

No

Time management of the hearing:

Yes

No

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Observed fairness to the parties:

Yes

No

Attentiveness to the hearing and evidence presented:

Yes

No

Appearance of impartiality:

Yes

No

Maintaining direction of the hearing:

Yes

No

Personal treatment of each of the parties:

Yes

No

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Focus on essential special education issues:

Yes

No

Advising the parties of hearing procedures:

Yes

No

Handling specific concerns raised by parties:

Yes

No

General Concerns and/or Comments:

(Comments and concerns – continued)

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Suggestions for Improvement:

Date

Printed Name of Evaluator

Signature of Evaluator

Date Reviewed with Hearing Officer