

SPECIAL EDUCATION
Wenatchee School District
112 South Elliott
Wenatchee, WA 98801
(509) 663-7117

THE PURPOSE OF THE REQUEST FOR DUE PROCESS HEARING FORM: This form is used by parents, surrogate parents, and legal representatives of a student to request a due process hearing and to provide notice of the hearing to school districts.

REQUEST FOR DUE PROCESS HEARING

TO: Legal Services
Office of Superintendent of Public Instruction
PO BOX 47200
Olympia, WA 98504-7200
Phone (360) 753-2298 Fax (360) 753-4201

INFORMATION ABOUT THE STUDENT:

Student's Name: _____ Date of Birth: _____
Address: _____ City/State/Zip: _____
School and District the Student Attends: _____
Parent or Guardian's Name: _____
Parent or Guardian's Telephone: _____
Address (if different from student's): _____

PROBLEM:

Describe the problem with your child's special education program. Include facts about the problem; what has the school district done or refused to do. (Parents can request a hearing if they disagree with the identification, evaluation, placement, or the provision of a free appropriate public education for their child.)

PROPOSED SOLUTION:

How do you think the issues concerning your child's program could be resolved, given the information you have?

Please mail or fax an original and any supporting documents to OSPI Legal Services and deliver a copy of the request and any supporting documents to the school that your child attends. This form is provided to you as a model for your use. You are not required to use this form; however, failure to address the elements in this form or failure to provide the school district with a copy may result in a reduction of attorney fees.