

ILLINOIS STATE BOARD OF EDUCATION

Special Education Compliance Division

100 North First Street, N-243

Springfield, Illinois 62777-0001

**DISTRICT REQUEST FOR AN IMPARTIAL
DUE PROCESS HEARING OFFICER**

INSTRUCTIONS: The local school district superintendent must complete this form and forward the original by a means that provides written evidence of delivery to the State Superintendent of Education within 5 days of receipt of the request for a hearing. A copy of the completed form must also be sent to the parent/guardian of the student who is the subject of the dispute. A local school district may not deny a request for a due process hearing. The district is advised to review the due process regulations found at 23 Illinois Administrative Code 226.605 and Section 14-8.02 of the School Code.

DISTRICT INFORMATION

NAME AND ADDRESS OF DISTRICT REQUESTING APPOINTMENT OF AN IMPARTIAL DUE PROCESS HEARING OFFICER		TELEPHONE (Include Area Code)
NAME AND ADDRESS OF JOINT AGREEMENT/COOPERATIVE		TELEPHONE (Include Area Code)
NAME OF STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION	DATE ON WHICH DISTRICT RECEIVED THE REQUEST FOR HEARING	NAME OF PERSON REQUESTING THE HEARING
NAME AND ADDRESS OF PARENT/GUARDIAN		HOME TELEPHONE (Include Area Code)
		DAYTIME TELEPHONE (Include Area Code)
PRIMARY LANGUAGE(S) SPOKEN BY PARENT AND STUDENT		IS AN INTERPRETER NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF ATTORNEY FOR THE DISTRICT		<input type="checkbox"/> All information pursuant to this request should be sent to the District's attorney. TELEPHONE (Include Area Code)
NAME AND ADDRESS OF ATTORNEY FOR PARENT/GUARDIAN		<input type="checkbox"/> All information pursuant to this request should be sent to the District's attorney. TELEPHONE (Include Area Code)

STUDENT INFORMATION AS REPORTED BY THE DISTRICT

NAME OF STUDENT ON WHOSE BEHALF THE HEARING IS REQUESTED	BIRTHDATE (mm/dd/yyyy)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE
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DISABILITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other Health Impairments | |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Specific Learning Disabilities | |

GRADE LEVEL

- | | | |
|--|--|--|
| <input type="checkbox"/> Early Intervention (Ages Birth-3) | <input type="checkbox"/> Primary (Grades K-3) | <input type="checkbox"/> Jr. High (Grades 7-8) |
| <input type="checkbox"/> Early Childhood (Ages 3-5) | <input type="checkbox"/> Intermediate (Grades 4-6) | <input type="checkbox"/> High School |

PUBLIC SETTING

- | | | |
|---|--|---|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Private Day/Out-of-State Day School | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public School Residential Facility | <input type="checkbox"/> Private In-State Residential Facility | <input type="checkbox"/> Separate Public School |
| <input type="checkbox"/> Parochial/Independent/Home Schooling | <input type="checkbox"/> Private Out-of-State Facility | |
| <input type="checkbox"/> State-Operated Facility | <input type="checkbox"/> Home/Hospital | |

POTENTIAL ISSUES AS IDENTIFIED BY DISTRICT

- | | | |
|---|--|---|
| <input type="checkbox"/> Discipline (including suspension/expulsion) | <input type="checkbox"/> Evaluation of Students for Special Education Services | <input type="checkbox"/> Related Services |
| <input type="checkbox"/> Education Placement | <input type="checkbox"/> Other Intervention | <input type="checkbox"/> Students educational program as set forth in IEP |
| <input type="checkbox"/> Eligibility of Students for Special Education Services | <input type="checkbox"/> Procedural Safeguards | <input type="checkbox"/> Tuition Reimbursement |

- District requested the hearing Parent requested the hearing (**Attach a copy of the written request.**)
- As expedited hearing is requested to remove the student from his/her current placement or challenge the interim alternative educational setting and/or the manifestation determination.
- Yes No Were the parents offered mediation services?
- Yes No Are the parties interested in participating in the Illinois State Board of Education mediation services?

ISBE USE ONLY

Date

Original Signature of District Superintendent