

REQUEST FOR HEARING

TO: Associate Director, Special Education Unit
Arkansas Department of Education

FROM: Public Agency Representative or Attorney Representing the Public Agency

DATE:

SUBJECT: Request for a Due Process Hearing

Because agreement cannot be reached about the identification, evaluation, or educational placement of, or the provision of a free, appropriate public education to _____

(Name of Child)

a due process hearing is requested.

_____ Date: _____

(Signature of Public Agency Official or Representative of the Public Agency)

Do you wish to participate in the mediation process? Yes No

Superintendent: _____ **Phone:** _____ **Fax:** _____

Address: _____

Special Education Supervisor: _____ **Phone:** _____

Address: _____ **Fax:** _____

***Legal or Other Representative:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

*** ATTACH AUTHORIZATION FOR REPRESENTATIVE**

The "Notice of Hearing Request" on the back of this form must be completed and submitted with this request.

(OVER)

NOTICE OF HEARING REQUEST

This form **MUST** be completed by the public agency or the attorney representing the public agency and must be submitted, along with the "Request for Hearing" form, to the Associate Director, Special Education, 1401 W. Capitol, Suite 450, Little Rock, Arkansas, 72201.

(Name of Child and Date of Birth)

(Name of Parent)

(Home Phone)

(Work Phone)

(Address of the Residence of the Child)

(Address of the Parent if Different From Child's Address)

[Name of Public Agency (School District) Child Attends]

A description of the nature of the problem of the child relating to the proposed initiation or change, including facts relating to the problem:

A proposed resolution of the problem to the extent known and available to the parents at the time:

ATTACH EXTRA PAGES IF NECESSARY