



Request for a Due Process Hearing

This is not the form to use to file a formal complaint.

Please submit this request for a due process hearing to your school district¹ superintendent and to the Ohio Department of Education, Dispute Resolution, 25 South Front Street, 4th Floor, MS 409, Columbus, OH 43215, or fax to 614-728-1097.

You may use this form or submit a letter than includes the information below.

Name of the Party Requesting a Due Process Hearing: _____

Date this request was given to the school district superintendent: _____

Student Information

Name of the Student on Whose Behalf the Hearing is Requested: _____

Student's Birthdate: (Month, Date and Year) _____

Grade: _____

Area of Identified or Suspected Disability: _____

Address of the Residence of the Child; Or in the Case of a Homeless Child, Available Contact Information:

Address: _____

City, State and Zip Code _____

Name of the Parent: _____

Address: _____

City, State and Zip Code: _____

Phone Number (Home): _____

Phone Number (Work): _____

Phone Number (Cell): _____

Email: _____

The Parent's preferred method of contact:

By phone (Please note which of the above numbers): _____

Best Time During Normal Business Hours to Call: _____

By email: _____

¹ Or Community/Charter School if Applicable

Preferred Language*: _____

*If your preferred language is not English, do you need an interpreter? ___ Yes ___ No

Will you need any accommodations for a disability? ___ Yes ___ No

If "yes," please list accommodations needed: _____

School District or Community/Charter School Information

Student's School District of Residence: _____

Address: _____

City, State, Zip Code: _____

Name of Superintendent of the District of Residence: _____

School Building the Student Attends: _____

OR

Community/Charter School (If Applicable) : _____

Name of Superintendent: _____

Address: _____

City, State, Zip Code: _____

Description of the Problem:

Facts: (Provide facts relating to the problem. Attach additional pages if necessary.)

A Description of the proposed resolution you are seeking. Provide the proposed resolution of the problems to the extent known and available to you now. (Attach additional pages if necessary.)

Name and Address of the Attorney Representing the Party Filing This Request if Applicable:

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Telephone Number: _____

(If this section is completed, all information and correspondence concerning this due process request will be sent to the attorney.)

The Party Requesting the Hearing is (Check one.):

_____ Parent/Guardian of the Student on Whose Behalf the Hearing is Being Brought

_____ School District of Residence (Superintendent)

_____ Other Education Agency (Name): _____

_____ Student with a disability who is at least 18 years of age.

Request for Expedited Hearing

An Expedited Hearing may be requested **only** for one of these two reasons:

_____ I disagree with a decision concerning placement for a **disciplinary** removal.

_____ I disagree with the manifestation determination that was held for a **disciplinary** removal.

Please note: If there is no issue related to discipline, an expedited hearing may not be requested.

School District Only: As the school district, we are requesting an expedited hearing because:

_____ We believe that maintaining the current placement of the student is substantially likely to result in injury to the student or to others.

Signature of the Party Requesting the Due Process Hearing

Date of Signature
