

ILLINOIS STATE BOARD OF EDUCATION
Special Education Compliance Division
100 North First Street
Springfield, Illinois 62777-0001

**PARENTAL REQUEST
FOR AN IMPARTIAL DUE PROCESS HEARING**

INSTRUCTIONS: This form has been developed to assist parents in requesting an impartial due process hearing. The completed form must be given to the superintendent of the student's resident district. Within 5 days of receipt of the request for a hearing, the local school district will forward a copy of the completed form to the Illinois State Board of Education to be shared with the appointed hearing officer. A local school district may not deny a request for a due process hearing. All parties involved in the dispute are advised to review the due process regulations found at 23 Illinois Administrative Code 226.605 and Section 14-8.02 of the School Code. The information reported on this form will be subject to the confidentiality requirements of the Individuals with Disabilities Education Act and the Illinois School Student Records Act.

NAME OF STUDENT ON WHOSE BEHALF THE HEARING IS REQUESTED	STUDENT'S BIRTHDATE (Month/Day/Year)
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PARENT'S/GUARDIANS' LANGUAGE/MODE OF COMMUNICATION

A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED

YES NO **IF YES, specify language/mode of communication** _____

NAME AND ADDRESS OF THE PARENT/GUARDIAN	PHONE NUMBER
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FAX

E-MAIL

NAME AND ADDRESS OF THE ATTORNEY OR REPRESENTATIVE FOR THE PARENT/GUARDIAN	PHONE NUMBER
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If this section is completed all information and correspondence regarding the due process will be forwarded directly to the attorney or representative.

FAX

E-MAIL

NAME AND ADDRESS OF DISTRICT

NAME AND ADDRESS OF THE SCHOOL THE STUDENT ATTENDS

A DESCRIPTION OF THE DISPUTE (***Attach additional pages if necessary***)

A DESCRIPTION OF THE RESOLUTION OR ACTION YOU ARE SEEKING (***Attach additional pages if necessary***)

Signature of Parent/Guardian

Date Submitted to District