

**ILLINOIS STATE BOARD OF EDUCATION**

Special Education Services 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)
E-MAIL ADDRESS (1)	E-MAIL ADDRESS (2)	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	SIS ID NUMBER
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**DISABILITY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Intellectual Disability        | <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