

Michigan Department of Education

PURPOSE: This model form may be used to submit a request for a due process hearing to resolve a disagreement about the identification, evaluation, eligibility, educational placement, or manifestation determination of a student, or regarding the provision of a free appropriate public education for a student under the Individuals with Disabilities Education Improvement Act (IDEIA).

Parties to a Special Education Due Process Hearing are required to participate in a Resolution Session prior to the opportunity for an impartial due process hearing, unless the parties agree in writing to waive the Resolution Session or agree to use mediation.

The Office of Special Education and Early Intervention Services encourages the resolution of issues through mediation. These services are offered at **NO COST** to the parties. For information about mediation, contact the Michigan Special Education Mediation Program at 1-800-RESOLVE or www.cenmi.org/msemp.

Special Education Due Process Hearing Request

TO: (Insert the name and address of the party [parent, public school academy, or district] to whom you are providing this notice. If the notice is to the school district, include the school name, the name of the district's superintendent, and the name of the district's special education director.)

AND TO: Office of Special Education and Early Intervention Services
Attn. Policy and Compliance Unit
608 West Allegan Street
P.O. Box 30008
Lansing, Michigan 48909

STUDENT INFORMATION:

Student Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

School District of Residence: _____

Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

e-mail: _____

Name of School the Student is Attending (if different from School District of Residence):

Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

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e-mail: _____

Parent Name: _____

Address (if different from student address): _____

City/State/Zip: _____

Phone: _____

FAX: _____

e-mail: _____

For a student who is homeless, please provide a contact name and address if different from information provided above: _____

PROBLEM AND FACTS: What is the nature of the problem that relates to the student's special education program and what are the facts that relate to the problem? (You may list more than one problem.)

(Use additional pages if necessary)

PROPOSED SOLUTION: Describe the actions or services that you believe will resolve the issues based on the information available to you.

(Use additional pages if necessary)

Signature of individual submitting request:

Please print name here: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

e-mail: _____

You must mail, FAX, or hand deliver the original request to the other party and provide a copy of this notice to the Office of Special Education and Early Intervention Services at the address provided on the first page of this form. Keep a copy of your request and proof of delivery.

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This form is provided to you as a model for your use. You are not required to use this form; however, failure to address the elements required in IDEIA, or failure to provide the other party with a copy of this notice, may result in a delay of the hearing.

For additional information on the timelines and procedures for mediation and impartial due process hearings, go to www.michigan.gov/ose-eis and click on "Compliance, Monitoring & Due Process."