

Request for Due Proceedings

Federal law requires that a parent or attorney representing a child provide Notice to the school district if the parents have a disagreement regarding the referral, evaluation, or placement of their child or regarding the provision of special education services. (This notice will remain confidential.) This form has been developed to assist you in describing your disagreement and accessing the due process procedures to which you are entitled. Please complete the entire form. Failure to do so may result in it being returned for additional information. According to Federal law, failure to provide information may result in a reduction in the award of any attorneys' fees.

Student's Name: _____ Date of Birth _____

Parent or Legal Guardian: _____

Legal Residence: Street _____

City or Town _____ Zip Code _____

Telephone; () _____

Current School: _____

Street _____

City or Town _____ Zip Code _____

School district of attendance, if different from district residence:

Fully describe the nature of the problem including all specific facts relating To the disagreement (Attach additional pages or documents as necessary):

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State your proposed solution to the problem or the reason why you are unable to suggest a solution at this time. (Attach additional pages or documents as necessary):

Upon receipt of this form, you will be contacted to establish a mutually agreeable time to participate in mediation with an outside mediator and representative(s) of the district to attempt to resolve this disagreement. If mediation is unsuccessful, an impartial hearing will be conducted unless you inform the district in writing that you do not wish to proceed with a hearing. Participation in mediation will not delay or preclude your right to a due process hearing.

If you do not wish to attempt to resolve this problem through mediation prior to a hearing, please indicate below:

___ I do not wish to participate in mediation and request that the district schedule an impartial hearing at this time. (Please note: You may be requested to participate in a meeting to discuss the benefits of mediation.)

Name of person completing this form: _____

Signature: _____ Date: _____

Relationship to Student:

- ___ Parent
- ___ Legal Guardian
- ___ Surrogate Parent
- ___ Attorney

Date of Receipt of Form _____

Legal Services

North Country Legal Services

100 Court St.

P.O. Box 989

Plattsburgh, NY 12901

518-563-4022

Rural law Center of New York, Inc.

56 Cornelia St.

Plattsburgh, NY 12901

518-561-5460