



HAWAI'I STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
REQUEST FOR AN IMPARTIAL DUE PROCESS HEARING FORM

This form is optional; however, the asterisked (*) information is required for the request to be processed.

TO: Complex Area Superintendent (CAS)
See CAS list: https://bit.ly/ComplexAreaDirectory
specialedcomplaints@k12.hi.us
atg.odr@hawaii.gov

RE: *Name of Student
Date of Birth Phone

FROM: Print Name
Check one: [] Parent/Legal Guardian [] Department Representative
[] Attorney for Parent

*Student's Residential Address**
City State Zip Code

*Name of School Student is Attending

**if the student is a homeless student or youth, please provide the student's contact information.

This is a request for an impartial due process hearing. Please describe the nature of the problem, including related facts and a proposed resolution to the extent known to you. Be specific.

Individuals with Disabilities Education Act (IDEA)/Hawai'i Administrative Rules (HAR) Chapter 60 Violation:

Check All Applicable

- [] IDENTIFICATION: Referral process prior to evaluation or determination of eligibility
[] EVALUATION: Activities involved in information gathering to determine special education eligibility and/or the extent of special education and related services needed by the student
[] PLACEMENT: The educational setting for the implementation of the Individualized Education Program (IEP)
[] PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: Activities/services related to the IEP
[] OTHER IDEA/HAR CHAPTER 60 RELATED VIOLATION

*Alleged Violation(s): Please describe the nature of the problem(s).

*Statement of Facts: Provide facts to support the statement of the alleged violation(s).

***Statement of Facts (continued):**

***Proposed Resolution:** Provide a proposed resolution of the problem(s) to the extent known.

Yes No I have attached documents that support the alleged violation, statement of facts, and/or proposed resolution.

Within 15 days of receipt of a request for a due process hearing, before a due process hearing can be held, the school must convene a resolution meeting with the parent(s) and the relevant member(s) of the IEP Team who have specific knowledge of the facts identified. The purpose of the resolution meeting is for the parent(s) to discuss the due process complaint and the facts that form the basis of the complaint. The school may not include an attorney at this meeting unless the parent(s) is accompanied by an attorney. The resolution meeting will be facilitated by a Department of Education staff member. The resolution meeting will take place unless **both** parties agree to waive the meeting in writing **or** agree to participate in mediation. Mediation will be facilitated by a neutral third party and will only occur if both parties agree voluntarily to participate.

Please check one of the following if applicable.

- I would like to waive the resolution meeting. (Note: The resolution meeting will be scheduled unless it is also waived by the other party.)
- I would like to request a mediation session.

Additional Information (Please check and fill in as applicable.)

- I will need the services of an interpreter (ASL or spoken language). Please specify: _____
- I will need a disability-related accommodation. Please specify: _____
- I will be accompanied by an attorney at the hearing. If the attorney is known at this time, please provide the following information:

Name: _____ Phone: _____ Email: _____

Address: _____
Street City State Zip Code

Signature of Requester Date Phone

Mailing Address: Street City State Zip Code Email