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| **SAMPLE DISTRICT REQUEST FOR DUE PROCESS HEARING** |
| **Complete and submit one (1) signed copy to Special Education Programs (SEP) and one (1) copy to the student’s parents according to ARSD 24:05:30:08.01. Retain a copy for your records.**  Division of Special Education and Early Learning  Special Education Programs  <https://doe.sd.gov/sped/complaints.aspx>  *If you have questions regarding special education or due process hearing rights or requirements, you may contact Special Education Programs at the South Dakota Department of Education at*  *1-605-773-3678.* |

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| **PARENTAL NOTICE:** |
| This notice is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **is initiating a special education due process hearing** relating to the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education to your child. Therefore, you are being provided with the following information (which will also be provided to the hearing officer by SEP).  **Request for Expedited Due Process Hearing:**  If the due process request is related to 1) disagreement with school district’s disciplinary placement; or 2) manifestation determination; or 3) an LEA believes maintaining the current placement of the child is substantially likely to result in injury to the child or others, please check the box to request an expedited due process hearing. |

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| **Student Information:** |
| Student Name: |
| Date of Birth (optional): |
| Address: |
| City/State/Zip: |
| **Parent Information:** |
| Parent(s)/Guardian(s) Name(s): |
| Telephone Number: |
| Address if different from Student: |
| City/State/Zip: |
| Email Address: |
| **School District Information:** |
| School Name: |

**If Child/Youth falls under McKinney-Vento Homeless Assistance Act provide available contact information for the child, and the name of the school the child is attending.**

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| **Optional School District Information:** |  |
| School District (optional): | Phone Number (optional): |
| School Address (optional): | Superintendent’s Name (optional): |
| City/State/Zip: | Superintendent’s Email (optional): |

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| **DESCRIPTION OF THE ISSUES:** |
| A description of each problem, including the facts related to each problem, and a proposed resolution for correcting each problem. |
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| **Problem 1:** |
| Related Facts |
| Proposed Resolution |
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| **Problem 2:** |
| Related Facts |
| Proposed Resolution |
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| **Problem 3:** |
| Related Facts |
| Proposed Resolution |

**(Use additional pages if necessary)**

**District:**

Please provide a copy of this due process notice to the parents and to SEP, at the address on the next page. Keep a copy of your request and proof of delivery. Failure to provide the other party with a copy of this notice may result in a delay of the hearing. A copy of the Parent Rights and Procedural Safeguards is also provided to the parent according to 34 CFR 300.504(a) & (b) and ARSD 24:05:30:06.01.

**Do not submit supporting documents with your request for a due process hearing.** 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 34 CFR 300.508 (a) & (b) and ARSD 24:05:30:08.02 may result in a delay of the hearing.

**Parent(s):**

Respond in writing, within 10 days of receiving this notice, to the district that specifically addresses the issues raised in this complaint.

Please refer to your Parent Rights and Procedural Safeguards for a full description of your due process rights. A copy of the parental rights/procedural safeguards is available from the school district upon request or from the South Dakota Department of Education, Office of Special Education Programs at: <https://doe.sd.gov/sped/parentalrights.aspx>.

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Date Signature of authorized school representative (optional)

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| **ADDITIONAL INFORMATION:** |
| Special Education Programs is required to inform you of other **free or low-cost legal and relevant services**. To fulfill this requirement, we refer you to Disability Rights of South Dakota (1-800-658-4782). South Dakota Parent Connection (1-800-640-4553) is the Parent Information Center and can help parents understand their rights and due process procedures. |
| **Expedited due process hearing information:**   * A resolution meeting must occur within 7 calendar days, unless you and the school district both agree in writing not to have a resolution meeting, or to use mediation instead. * If the dispute is not resolved within 15 calendar days, the hearing timeline proceeds. * The hearing must be held within 20 school days of the hearing request being filed. * The hearing officer must issue a decision with 10 school days of the date of the hearing. |
| **A mediation process is also available to help resolve special education disputes**. A neutral mediator facilitates conversation between the parent and school district and assist with writing an agreement that both parties agree to related to the disagreement.  There are no costs for mediation for either the parents or the local school district. Mediation can be requested through the SEP at the same time a due process hearing is requested. The mediator is an impartial professional who is: (a) knowledgeable in special education law; (b) not connected with the school district; and (c) selected for the mediation by the state Department of Education.  **I would like to request mediation YES \_\_\_\_ NO\_\_\_\_**  **You can find the Mediation sample form and the Administrative Rules at:**  [**https://doe.sd.gov/sped/complaints.aspx**](https://doe.sd.gov/sped/complaints.aspx)**.** |

**Please submit complaint to:**

Special Education Programs

Dispute Resolution Coordinator

800 Governors Drive

Pierre, SD 57501

Or by

Email: [Wendy.Trujillo@state.sd.us](mailto:Wendy.Trujillo@state.sd.us)

Fax: 605-773-6139