REQUEST FOR DUE PROCESS HEARING

Under the Individuals with Disabilities Education Act (IDEA) Part B

School District/ Charter School	Date
School Student Attends	Grade
Name of Student	Age
Address	

Student's Parent/ Guardian	Telephone
Parent/Guardian Address	
Mailing Address (if different)	
Email Address of Parent/Guardian	

A Due Process Hearing may be requested if the parent or LEA alleges that there has been a violation of IDEA with respect to the identification, evaluation, educational placement, or the provision of Free Appropriate Public Education (FAPE) to a student with disabilities.

State the problem relating to the proposal or refusal indicated above. Please include facts on which this statement is based.

Submit form to: School District Superintendent or Charter Principal

Submit copy to: Glenna Gallo – State Director of Special Education
Utah State Office of Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200

How do you think the school district/charter school violated IDEA or State Special Education Rules?

Describe a proposed resolution to the problem.

Name of person filing request (please print)	
Signature	
Address	Telephone Number
Email Address	

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