Florida Bureau of Exceptional Education and Student Services Request for Exceptional Student Education Due Process

Required by IDEA 2004, 34 CFR Section 300.508. Use of this form is voluntary.



This form can be used when requesting an exceptional student education Due Process hearing. Provision of all information is requested. The use of an asterisk (*) indicates information required per federal regulation for the filing of a request for a Due Process hearing. Use of this form is voluntary.

	Student	Student Age or Grade:		*School Name:		
* 0. 1	/:6:	10	710'			
*Student Address or Contact Info	rmation (if homeless)	(Street, City, Stat	e, ZIP)	School District		
Date(s) of alleged violation:		Student Exce	Student Exceptionality:			
Please select <u>one</u> of the following:						
☐ I am the parent or guardian	of the student.					
☐ I am a parent representative.						
☐ I am the school district or lo	I am the school district or local LEA representative.					
☐ I am the adult student						
If submitted by the parent, guardia	n or parent represen	tative:				
Name of Complainant: Relations		hip to Student:	Compla	Complainant Email Address:		
Complainant Address (Street, City, State, ZIP)			Daytim	Daytime Telephone Number:		
f submitted by School District or Li	EA personnel:					
Name of School Representative		Title:				
Mailing Address (Street City State	2 7IP)		Daytim	e Telenhone Number		
maming madress (street, entry) state	., _/			e relephone rumben		
Mailing Address (Street, City, State	e, ZIP)		Daytim	e Telephone Number:		

*DESCRIPTION OF ALLEGED VIOLATION(S):	
*FACTS RELATING TO ALLEGATION(S):	
*PROSOSED REMEDY, RESOLUTION OR SOLUTION:	
TROSOSED REMEDT, RESOLUTION ON SOLUTION.	
☐ I have included attachments to this request.	
*Signature of Complainant:	Date:

*A copy of your IDEA Due Process hearing request must be submitted to the Florida Department of Education when filed with your local school district or other local education agency (LEA). It is the LEA's responsibility to then file the request for due process with the Division of Administrative Hearings. Please send the department copy via email, U.S. mail or fax to:

Florida Department of Education
Dispute Resolution and Monitoring Unit: Due Process
Bureau of Exceptional Educational and Student Services
325 West Gaines Street, Suite 614
Tallahassee, FL 32399-0400

Email: DueProcess@fldoe.org Fax: 850-245-0953 Phone: (850) 245-0475