

Office for Dispute Resolution



DUE PROCESS HEARING NOTICE

A special education due process hearing has been scheduled for the following student:

Name: **Test Student**

File Number: **9772/08-09**

Birthdate:

(please reference file # on all communication)

School District:

Contact:

Parent(s):

District Representative:

Parent Representative:

THE HEARING IS SCHEDULED FOR:

Hearing Date:

Location: Admin Bldg

Hearing Time:

Steno Service:

Hearing Officer assigned: *(all future correspondence regarding this due process hearing or scheduling issues should be addressed to your hearing officer - please include file #)*

ODR Case Manager assigned:
(contact the case manager with questions regarding due process hearing procedures - please include file #)

1-800-222-3353,