

NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION
USERS' GUIDE TO ADMINISTRATIVE PROCESS

Special Education Impartial Due Process Hearing Program

REQUEST FOR RECONSIDERATION

_____ [date]

[Address of Hearing Officer]

Case #: _____

Dear Hearing Officer _____
[insert Hearing Officer name here]:

I have received your _____ decision on _____
[insert date] [insert date you received hearing officer decision]

regarding my request for the hearing on _____
[insert issues]

As part of the appeals process, I am now writing to request reconsideration of that decision.

My reason for requesting reconsideration of your decision is as follows:

Hearing Officer applied the wrong law and should have used _____

and/or

Additional information that was unavailable at the time has come to light since your decision was made. The additional information is: _____

Thank you for your consideration of our request.

Sincerely,

[print name]

Copy to: _____
[other party]

(Form AH-IDPH V)