

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

Office of Legislation and Hearings
101 Pleasant Street, Concord, N.H. 03301
FAX 603-271-4034; Citizens Services Line 1-800-339-9900

Special Education Impartial Due Process Hearing Program

LOCAL EDUCATION AGENCY (LEA)

FORM TO REQUEST AN ADMINISTRATIVE DUE PROCESS HEARING

NOTE: SEND ORIGINAL TO PARENT; COPY TO STATE DEPARTMENT OF EDUCATION

**WITH RESPECT TO ANY MATTER RELATING TO THE IDENTIFICATION, EVALUATION,
EDUCATIONAL PLACEMENT AND PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION**

1. Child's name: _____
SPEDIS Number: _____
Date of Birth: _____

2. Child's home address and mailing address (if not the same as home address):

3. Name of school district and school the child is attending:

4. Name of school district in which the child resides:

5. LEA name: _____

- LEA's description of the problem relating to a proposed or refused initiation or change of the child's special education program, including related facts:

- LEA's suggested resolution to the problem:

6. Are the parties presently involved in a complaint under Ed 1121 on this same issue? _____

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7. Parent/Guardian's name: _____

8. Parent/Guardian's name: _____

9. Parent/Guardian's mailing address (if not the same as child's mailing address): _____

10. Parent/Guardian's mailing address (if not the same as child's mailing address): _____

11. Parent/Guardian's daytime telephone number: _____

12. Parent/Guardian's daytime telephone number: _____

13. Would you be willing to attend a mediation session? _____

Signature(s)

Signature

Date

(Form AH-IDPH Q)