



Independent Hearing Officer Application

Name: Date:

Mailing Address:

Telephone number: Email:

1. Please describe your familiarity with special education:

2. Please describe how your educational background is relevant to the skills needed to become an independent hearing officer.

3. Please describe any limitations that would jeopardize your availability or ability to be an independent hearing officer: (i.e. travel limitations, time limitations, conflicts of interest, etc.)

Please attach your resume and a writing sample that exemplifies your ability to write and render decisions. If you choose to submit this application electronically click the "Submit by Email" button and it will take you to your E-mail Inbox where you can attach your resume and writing sample. If you choose not to submit this application electronically, you may click on "Print Form" and mail or fax to - Indiana Department of Education, Office of Legal Affairs, 151 W Ohio St., Indianapolis, IN 46204, or fax to 317/232-0744.