



Special Education Due Process Hearing Request Form

Use the **Tab Key** to move to each part of the form

This form can be used by a parent or public agency to file a due process hearing request on any matter related to the identification, evaluation, or educational placement of a child with a disability or the provision of a free appropriate public education (FAPE) to a child. The use of an asterisk (*) indicates required information per the IDEA for filing a due process hearing request. Use of this form is voluntary.

Parent Name: _____ Home Phone #: _____
Street Address: _____ Fax #: _____
City: _____ State: _____ Zip Code: _____
Cell Phone #: _____ Work Phone #: _____
Email Address: _____

***Name of Student:** _____ **Date of Birth:** _____
***Student Address:** _____
***City:** _____ ***State:** _____ ***Zip Code:** _____
GTID #: _____ The GTID # will be provided by the local school district
***Current School:** _____
In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), provide available contact information for the child and the name of the school the child is attending.

***Public Agency:** _____ **Contact Name:** _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Email Address: _____
(Public agencies include the GaDOE, school districts, and other political subdivisions of the State that are responsible for providing education to children with disabilities)

Person Assisting or Representing the Parent (if any): Advocate Attorney
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Email Address: _____



Georgia Department of Education
1562 Twin Towers East
205 Jesse Hill Jr. Dr. SE
Atlanta, GA 30334
www.gadoe.org



@georgiadepofed



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Public Agency Attorney Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____
Email Address: _____

***Reason(s) why you are requesting a due process hearing. Check one or more of the following:**

- Identification (related to the identification of the child's disability)
- Evaluation (process of assessment/testing the child)
- Educational Placement (instructional setting in which the child receives special education and related services)
- Free Appropriate Public Education (FAPE). There are five (5) common basic principles of FAPE under IDEA:
 - (1) FAPE is available to all children without regard to severity of disability (zero reject principle).
 - (2) FAPE is provided without cost to parents.
 - (3) FAPE consists of individualized programming and related services.
 - (4) FAPE provides an education that is appropriate, but not the best possible.
 - (5) FAPE provided in the least restrictive environment (LRE).

***Description of nature of problem(s):** Describe the facts and details related to the concerns checked above. (e.g., dates of incidents, specific details of incidents, persons involved, etc.). **The alleged violation(s) must have occurred not more than two years before the date the parent or public agency knew or should have known about the alleged action that forms the basis of the due process hearing request.** *(If more space is needed, please use additional paper.)*



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***Proposed Resolution to Alleged Violations:** State the solution(s) or action(s) you feel will resolve the problem(s) to the extent known and available at this time.

The parent agrees to participate in an early resolution session: YES NO

(Signature of Parent)

The public agency agrees to participate in an early resolution session: YES NO

(Signature of Public Agency Designee)

If the parent requests the due process hearing, an Early Resolution Session **must** be held between the parent and the public agency, unless the parent and public agency both agree in writing to waive the Early Resolution Session or participate in mediation instead. For more information on Early Resolution Sessions, see [Due Process Hearing Requests webpage](#) or [Dispute Resolution State Board Rule](#).

The parent agrees to participate in mediation: YES NO

(Signature of Parent)

The public agency agrees to participate in mediation: YES NO

(Signature of Public Agency Designee)

For more information on the mediation process, see [Mediation webpage](#) or [Dispute Resolution State Board Rule](#).



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*** The party filing a due process hearing request must provide a copy to the other party and the GaDOE. When the parent files a due process hearing request, the parent must provide a copy of the due process hearing request to the public agency’s superintendent at the same time he/she provides it to the GaDOE.**

Please indicate when, how, and to whom you provided a copy of your due process hearing request.

On _____, a copy of this due process hearing request was provided to
(date)

_____ via _____.
(name or title of recipient) (method of delivery)

Signature of Filing Party: _____ Date: _____

Submit a copy of your Special Education Due Process Hearing Request to:

Georgia Department of Education
Division for Special Education Services and Supports

By U.S. mail:
205 Jesse Hill Jr. Drive, SE, 1562 Twin Towers East
Atlanta, Georgia 30334

or
By eFax: 770-344-4458

or
By Email: spedhelpdesk@doe.k12.ga.us

Electronic submissions are strongly encouraged

For questions, contact the Special Education Helpdesk at (404) 657-9968 or
spedhelpdesk@doe.k12.ga.us.

For more information on the formal complaint process, see [Due Process Hearing Request webpage](#) or [Dispute Resolution State Board Rule](#).