



Special Education Services and Supports
DUE PROCESS HEARING REQUEST

Parent Name: _____	Home Phone #: _____
Street Address: _____	FAX #: _____
City/State/Zip: _____	Work Phone #: _____
Email: _____	Cell Phone #: _____

Full Name of Child: _____	GTID#: _____
Date of Birth: _____	This number will be provided by the Local School System
Current School: _____	

School System: _____	Contact Name: _____
Address: _____	
City: _____	State: _____ Zip code: _____
Phone #: _____	Fax #: _____
Email: _____	

Parent Representative (if any):	Advocate	Attorney
Representative Name: _____		
Street Address: _____		
City: _____	State: _____	Zip code: _____
Phone #: _____	Fax #: _____	
Email: _____		

School System Attorney Name: _____		
Street Address: _____		
City: _____	State: _____	Zip code: _____
Phone #: _____	Fax #: _____	
Email: _____		



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Complete only the following information that applies to your request for a hearing.

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 (where the child receives IEP services)

Free Appropriate Public Education. 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).

Briefly describe the facts and details related to the concerns you have checked above. *(If more space is needed, please use additional paper.)*



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How would you like this problem or these problems solved? In other words, what do you want for the child that you feel she or he needs? *(If more space is needed, please use additional paper.)*



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Do you wish to enter into an Early Resolution Meeting: _____ (YES) _____ (NO) _____
(parent initial)

For more information on the Early Resolution Meeting see www.gadoe.org
or State Board Rule [160-4-7-.12 Dispute Resolution](#)

If you do not wish to participate in the Early Resolution Session, you and the school system *must both agree* in writing to waive this meeting or to try mediation.

Are you willing to participate in the mediation process to try and resolve your concerns?

_____ (YES) _____ (NO) _____
(parent initial)

For more information on the Mediation Process see www.gadoe.org
or State Board Rule [160-4-7-.12 Dispute Resolution](#).

(Signature of Parent or Parent Representative)

(Date)

The school system **will agree** to participate in: _____ Early Resolution Session _____ Mediation

The school system **will not agree** to participate in: _____ Early Resolution Session _____ Mediation

(Signature of School System Designee)

(Date)

According to State Board Rule 160-7-4-.12(3)(d)(1) “**The party filing a due process hearing request must (emphasis added) provide a copy to the other party and the state. When the party filing a due process hearing request is not the LEA, the party must provide a copy to the LEA’s Superintendent at the same time it provides it to the State.**”

As Initiating Party of this Due Process Hearing request, I have provided a copy of this request to the Opposing Party on _____
(Date)

Signature of Initiating Party



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This form provided by the GaDOE should be used but is not required to request a due process hearing. A Due Process Hearing request **must** be filed by the initiating party with the Local School Superintendent or parent. All parties should receive a copy of the request. You may fax the state's copy of the request to:

**Georgia Department of Education
Division of Special Education Services & Supports
at 770-344-4458 or 404-651-6457**