



State of Hawaii
DEPARTMENT OF EDUCATION

REQUEST FOR IMPARTIAL
DUE PROCESS HEARING

For DOE use only:

Date Received by CAS Initials

TO: Complex Area Superintendent

RE: Name of Student

Complex Area or District

Date of Birth Phone

FROM: Print Name

Student's Mailing Address*
(*If none, please provide available contact information)

Check one: Parent/Legal Guardian Department Representative
Attorney for Parent

City State Zip Code

Name of School (that student currently attends)

DOE Home School (if different)

This is a request for an impartial due process hearing concerning the education of the above-named student. In the spaces below, or on attached sheet(s), please describe the nature of the problem, including related facts and a proposed resolution of the problem as you see it, to the extent known to you. Be specific.

IDENTIFICATION: (Referral process prior to evaluation or determination of eligibility)

Description of problem and related facts:

Proposed Resolution:

EVALUATION: (Activities involved in information gathering to determine special education/ Section 504 eligibility and/or the extent of special education/modifications and related service needed by the student)

Description of problem and related facts:

Proposed Resolution:

PLACEMENT: (The educational setting for the implementation of the IEP/MP)

Description of problem and related facts:

Proposed Resolution:

DISTRIBUTION: Complex Area Superintendent
OCISS, Special Education Services Branch
Parent
Principal, DOE School of Attendance

OCISS Form 105 (rev. 7/6/05)
Request for Impartial Due Process Hearing

PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: (Activities/services related to the IEP/MP)

Description of problem and related facts:

Proposed Resolution:

In accordance with Individuals with Disabilities Education Act (IDEA) 2004, before a due process hearing can be held, the school must convene a resolution session (meeting) with the parents and the relevant member(s) of the IEP Team who have specific knowledge of the facts identified in this request within 15 days of its receipt by the Department of Education. The resolution session provides an opportunity for parents and the school to discuss and resolve the problem prior to a hearing. The school may not include an attorney at this session unless the parent is accompanied by an attorney. The resolution session will take place unless **both** parties agree to waive the meeting, **or** agree to mediation.

Please initial one of the following:

____ I would like a resolution session.

____ I would like to waive the resolution session. (Note: The resolution session will be scheduled unless it is also waived by the other party.)

____ I would like to request a mediation session.

____ I do not wish to use the mediation process.

Additional Information (Please check box and fill-in as applicable.)

I will need the services of an interpreter. Please specify: _____

I will be accompanied by an attorney at the hearing. If the attorney is known at this time, please provide the following information:

Name: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip Code Email

I will be accompanied and advised by a parent advocate. If the advocate is known at this time, please provide the following information:

Name: _____ Phone: _____ Fax: _____

Address: _____

Signature of Requester

Date

Mailing Address: Street City State Zip Code

Phone

Fax, if available

DISTRIBUTION: Complex Area Superintendent
OCISS, Special Education Services Branch
Parent
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