



West Valley School District #208

Special Services
 1000 South 72nd Avenue
 Yakima, WA 98908
 Tel: 509 965 2080
 Fax: 509 965 2021

PURPOSE: This form is used to request a due process hearing under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). This request is provided directly to the other party and a copy is provided to the Office of Superintendent of Public Instruction (OSPI), Administrative Resources Services.

DUE PROCESS HEARING REQUEST

TO: _____

(Insert the name and address of the party (parent or district) to whom you are providing this notice. If the notice is to the school district, use the school district superintendent's name and the district superintendent administration address for purposes of notification).

AND A COPY TO:

OSPI
 Administrative Resources Services
 PO BOX 47200
 Olympia, WA 98504-7200
 Phone: (360) 725-6142
 Fax: (360) 753-4201

You must provide your request for due process directly to the other party and provide a copy of the request to OSPI Administrative Services.

I. Student Information

Student Name:		Parent Name:	
Date of Birth:		Parent's address <i>(if different from student's):</i>	
Address:			City/State/Zip
City/State/Zip:		Parent/Guardian Phone:	
School District:		Name of person requesting hearing and relationship to student:	
School Name:			

School Address:		For a child who is homeless, contact name and address, if different from above:	
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II. Discipline

Does this due process hearing request involve a special education disciplinary matter?

(Hearings for violations of special education disciplinary matters involve removals of a student for more than ten school days in a school year, manifestation determination procedures, or other placement decisions resulting from the disciplinary removal.)

Yes
 No

III. Problem and Facts *(What is the nature of the problem that relates to the child's special education program and what are the facts that relate to the problem?)*

IV. Proposed Solution *(Describe the things that you believe will resolve the issue(s) based on the information available to you)*

(Boxes III and IV are expandable. Use additional pages if necessary)

V. Certification of Delivery

I certify that on _____, I provided this due process request to: *(list name(s) & address)*
Date

By: Regular postpaid mail Certified mail Fax Hand Delivery
 Other (specify):

IMPORTANT INSTRUCTIONS

Please provide your due process request to the other party and a copy of this notice to OSPI, Administrative Resources Services, at the address provided. Keep a copy of your request and proof of delivery to the other party. **Do not submit supporting documents with your request for a due process hearing.**