

INSTRUCTIONS FOR COMPLETING THE DUE PROCESS HEARING REQUEST FORM

Please print or type

If you need help in understanding or completing the form, please contact:
Barbara A. Drayton at 803-734-8783

1. Complete **Section I** by checking the appropriate boxes in Parts A and B. ***Although not required, it would be helpful to include the information.** This information is on the student's IEP.
2. Provide the information requested in Parts C through D that includes a list of the people who violated your rights or the rights of the student; a description of how you believe the school or school district or agency violated your rights or the student's rights to special education; and the dates of the alleged violations.
3. Complete **Section II** by explaining what you want to change.
4. Complete **Section III** by reading each of the statements. If you do not understand these statements, please contact the Office of General Counsel at 803-734-8783 for assistance.
5. Complete **Section IV** by printing or typing in the information about the student, the parent/guardian, and the school district/agency.
6. Forms are not accepted without the **signature** of the parent/guardian or the person requesting the hearing. The hearing request may be dismissed by the due process hearing officer if you do not include the student's name, the student's home address (or available contact information in the case of a homeless student), and the name of the student's school. The request must also include a description of the problem with the student's educational program that led to the request for the hearing, including the facts related to the problem and a proposed resolution of the problem to the extent known and available at this time.
7. You must request a due process hearing within two years of the date you knew or should have known about the alleged action that is the reason for the hearing request.
8. Take the form to the special education director in your school district/agency.
9. Mail a copy of the form to the South Carolina Department of Education (SCDE) at the following address:

South Carolina Department of Education
Office of General Counsel
1429 Senate Street, Room 1015
Columbia, South Carolina 29201

You may fax a copy of the form to 803-734-4384 or submit a scanned copy of the completed form to the SCDE by electronic mail to bdrayton@ed.sc.gov.

You can get additional information by calling the Office of General Counsel at 803-734-8783 and by going to the SCDE's Web site at <http://www.ed.sc.gov/agency/programs-services/173/ParentResourcesonSpecialEducation.cfm>

DUE PROCESS HEARING REQUEST FORM

Section I (Please print or type all text).

***Parts A and B are not required.**

A. Check the category of disability listed on the student's IEP (if he or she has an IEP).

- | | |
|---|--|
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Autism | |

B. Check the type of class that the student is in:

- | | |
|--|--|
| <input type="checkbox"/> Regular class | <input type="checkbox"/> Hospital/homebound instruction |
| <input type="checkbox"/> Regular class with supportive services (itinerant/resource) | <input type="checkbox"/> Home-based instruction |
| <input type="checkbox"/> Self-contained class | <input type="checkbox"/> Other program option (please describe): |
| <input type="checkbox"/> Special school | |

C. List the names of the people who violated your rights or the rights of the student and describe how you believe the school or school district/agency violated your rights or the student's rights to special education:

(Attach additional pages if you do not have enough room on the form.)

D. Give the dates of these violations: (must have occurred not more than two years prior to requesting the due process hearing unless the violations are ongoing):

(Attach additional pages if you do not have enough room on the form.)

Section II (Please print or type.)

What would you like to see changed?

(Attach additional pages if you do not have enough room on the form.)

Section III

We understand that both the school or school district/agency and the parent/guardian have the right to

- a. challenge the sufficiency of the due process hearing request within fifteen calendar days of receiving the request. We understand the person receiving the due process hearing request must, within ten days of receiving the request, send the party requesting the due process hearing a response that specifically addresses the issues raised in the request. A school district/agency must convene a resolution session unless waived in writing by the parents and school district/agency or the parties agree to use mediation. School district/agency attorneys may not participate in a resolution session unless the parents bring an attorney;
- b. bring an attorney and/or persons with special knowledge or training about the problems of students with disabilities to the hearing;
- c. seek attorney's fees. Attorney's fees may be sought if a school district/agency believes the parents' attorney or the parents' claim is frivolous or brought for an inappropriate purpose;
- d. request and obtain a subpoena for the attendance of particular witnesses;
- e. receive all evaluations and a list of witnesses that the other party plans to use at the hearing;
- f. present evidence as well as question and cross-examine witnesses;
- g. object to letting in evidence at the hearing that has not been shared with the school district/agency and the parent/guardian or his or her attorney at least five days before the hearing;
- h. get a written, tape-recorded, or electronic transcript of the hearing;
- i. get a written statement of the findings of fact and the decisions made at the due process hearing; and
- j. appeal if either the parent guardian or school district/agency disagrees with the decision.

Section IV (Please print or type.)

Name of student

Name of parent/guardian

Street address

Street address

City State Zip

City State Zip

Phone

Home phone Cell phone

Name of school

Work phone

School district/agency

X_____
Signature of parent/guardian

Date

Date

In the case of a homeless child or youth, available contact information for the child and the name of the school the child is attending is required.