

## Notice of a Request for Due Process

### 1. STUDENT & PARENT/DISTRICT INFORMATION

STUDENT'S NAME	STUDENT'S ADDRESS	STUDENT'S DATE OF BIRTH
FIRST NAME: LAST NAME: MIDDLE INITIAL:	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: <span style="float: right;">ZIP:</span>	MM/DD/YY

SCHOOL OR PROGRAM ATTENDED	SCHOOL OR PROGRAM ADDRESS	SCHOOL CONTACT NAME & NUMBER
SCHOOL NAME: CURRENT GRADE LEVEL:	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: <span style="float: right;">ZIP:</span>	NAME: TITLE: CONTACT NUMBER:

REQUESTOR	ADDRESS (IF DIFFERENT)	CONTACT
NAME: RELATIONSHIP TO STUDENT:	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: <span style="float: right;">ZIP:</span>	PRIMARY PHONE: SECONDARY PHONE: EMAIL:

ATTORNEY	ADDRESS	CONTACT
NAME: TITLE:	ADDRESS LINE 1: ADDRESS LINE 2: CITY: STATE: <span style="float: right;">ZIP:</span>	PRIMARY PHONE: SECONDARY PHONE: FAX: EMAIL:

*Alaska statute AS 14.30.193: "A **school district** or a **parent** of a child with a disability may request a due process hearing on any issue related to identification, evaluation, or educational placement of the child, or the provision of a free, appropriate, public education to the child."*

### 2. PROBLEM

*Describe the problem with the student's special education program, including those issues pertaining to the identification, evaluation, educational placement or provision of FAPE. Describe any relevant, specific actions the district has taken or refused to take.*

**3. FACTS**

*Describe what the facts are related to the problem.*

--

**4. PROPOSED SOLUTION**

*Describe what you think needs to be done to solve the problem, if you know or have any specific ideas at this time.*

--

SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_