

REQUEST FOR DUE PROCESS HEARING

Date received by WDE _____

DIRECTIONS: A copy of this Request for Due Process Hearing must be sent to the district or agency responsible for the child. Use of this form is optional. A copy of the due process hearing request must be sent to:

State Director of Special Education
 Wyoming Department of Education Special Education Programs
 122 W. 25th Street, Ste. E200 Cheyenne, Wyoming 82002
 Phone: (307) 777-2961 FAX: (307) 777-6234
 Email: wde-disputeinbox@wyo.gov

GENERAL INFORMATION:

- Either the parent or school district or public agency may request a due process hearing by completing a request and sending or faxing the completed request to WDE. Use of this form is optional.
- The request for a due process hearing must allege a violation that occurred not more than two years before the date the parent or school district knew or should have known about the alleged violations.
- In response to a parent’s due process hearing request, within 15 days the school district or public agency must convene a meeting (Resolution Session) to give the parent an opportunity to discuss the request and the district an opportunity to resolve the parent’s concerns. The school district must contact the parent to schedule this meeting.

1. Information About The Child *(It is very important to provide all requested information.)*

Name of Child	DOB	Grade	School
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Name(s) of Parent or Guardian	Name(s) of Parent or Guardian
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Address <i>(City, State, & Zip)</i>	Address <i>(City, State, & Zip)</i>
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Phone	Email	Phone	Email
H: _____		H: _____	
W: _____		W: _____	

2. Information About The District Or Agency

Name of District or Agency & Administrator Phone

3. Legal Representation *(if any)*

Name of Attorney or Firm

Address *(City, State, & Zip)*

Phone Fax

4. Alleged Violations

Number and list each allegation separately. Describe the violation and the specific facts that relate to each violation. Provide the date of each violation. You may attach additional pages if necessary.

Allegations and Supporting Facts: Date

1. _____

2. _____

3. _____

4. _____

5. Proposed Solution

Describe what you think needs to be done to correct the problem (if you know). You may attach additional pages if necessary.

Provide a proposed solution to the problem if known:

6. Mediation

The WDE will offer a parent who has filed a complaint and the public agency responsible for the child an opportunity to voluntarily engage in mediation in an effort to resolve the complaint.

- Are you interested in mediation to attempt to resolve this complaint? YES NO

If yes, I understand that I will be contacted to arrange a date and time for mediation.

7. Signatures

Describe what you think needs to be done to correct the problem (if you know). You may attach additional pages if necessary.

Signature and Title of the person(s) filing or agreeing to this Request Date

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The person filing a request must forward a copy to the other party.