



# Request for Due Process Hearing

Date received by WDE \_\_\_\_\_

## Directions

A copy of this Request for Due Process Hearing must be sent to the school district or public 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 (WDE) Special Education Programs

122 W. 25th Street, Ste. E200 Cheyenne, Wyoming 82002

P: (307) 777-2961 F: (307) 777-6234

[wde-disputeinbox@wyo.gov](mailto:wde-disputeinbox@wyo.gov)

## General Information

- Either the parent or school district or public agency may request a due process hearing on any matter relating to the identification, evaluation or educational placement, or the provision of FAPE to a child with a disability by completing a request and sending or faxing the completed request to WDE.
- 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 or public agency 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 or public agency an opportunity to resolve the parent's concerns. The school district or public agency must contact the parent to schedule this meeting.
- An asterisk (\*) indicates required information.

### 1. Information About the Child

*NAME OF CHILD	DOB	GRADE

*SCHOOL	*ADDRESS OF THE RESIDENCE OF THE CHILD
*IF CHILD OR YOUTH IS UNHOUSED, PROVIDE AVAILABLE CONTACT INFORMATION.	

NAME(S) OF PARENT OR GUARDIAN		
FULL ADDRESS		
EMAIL		
PHONE	H:	H:
	W:	W:

## 2. District or Agency

NAME OF DISTRICT OR AGENCY & ADMINISTRATOR	PHONE

## 3. Legal Representation (if any)

NAME OF ATTORNEY OR FIRM			
FULL ADDRESS			
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

*ALLEGATIONS AND SUPPORTING FACTS	DATE

## 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

## 7. Signatures

TITLE	SIGNATURE OF THE PERSON(S) FILING OR AGREEING TO THIS REQUEST	DATE

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