

**TENNESSEE DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
DUE PROCESS HEARING REQUEST FORM**

PARENT INFORMATION (To be completed by parents and returned to the School System for processing)

Name of Child _____ Name of Parent/Guardian _____

Child/Parent/Guardian Address _____

City _____ Zip _____ Telephone Number _____

Attorney for Child/Parent/Guardian _____

Attorney's Address _____

City _____ Zip _____ Telephone Number _____

Complete description of the nature of the problem of the child relating to identification, evaluation, educational placement (initial or proposed change) or the provision of a free appropriate public education (FAPE).

A proposed resolution of the problem to the extent known and available to the parents.

NOTE: Failure on the part of the parents and/or attorney representing the child to comply with this section could cause a reduction in the amount of attorney's fees if the child is the prevailing party.

SYSTEM INFORMATION (LEA must complete information and establish two agreed upon hearing dates)

School System _____ System Administrator _____

School System Address _____

City _____ Zip _____ Telephone Number _____

School Attended _____ Disability _____

Attorney for School System _____

Attorney's Address _____

City _____ Zip _____ Telephone Number _____

Date Request Received by School System _____ Place Hearing to be Held _____

Two (2) Agreed upon Dates for Hearing to be Held _____ Open _____ Closed _____

Mail and/or fax this request along with a copy of the letter from the parent/guardian and/or attorney to:

ATTN: Legal Services
Tennessee Department of Education
Division of Special Education
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0380
FAX: 615-253-5567