

DUE PROCESS COMPLAINT NOTICE – PARENT

To: _____ Address: _____
(SCHOOL SUPERINTENDENT) _____
_____ (SCHOOL DISTRICT) _____

CHILD'S INFORMATION

Child's Name: _____ School: _____
Address of Child's _____ Current Grade/
Residence: _____ Placement: _____
_____ Date of Birth: _____
_____ Disability: _____

DUE PROCESS REQUEST

NAME OF PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent _____ Name of Attorney: _____
or Guardian: _____
Address: _____ Business Address: _____
_____ Telephone: _____
Telephone: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____

Describe the nature of the problem(s) of the child relating to the proposed initiation or change of identification, evaluation, placement, or appropriateness of the education of your child, including specific facts relating to such problem(s) which make this hearing necessary. (Attach additional pages if necessary.) _____

A proposed resolution of the problem(s) to the extent known and available to the party. _____

Parents have the right to request mediation to resolve the problem(s). Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the school and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599
Fax: (405) 522-3503

Signature: _____ Date _____

DUE PROCESS COMPLAINT NOTICE – LEA

To: _____
(PARENT/GUARDIAN)

(SCHOOL DISTRICT)

Address: _____

CHILD'S INFORMATION

Child's Name: _____

School: _____

Address of Child's Residence: _____

Current Grade/
Placement: _____

Date of Birth: _____

Disability: _____

DUE PROCESS REQUEST

Local Educational Agency _____

Address: _____

Telephone: _____

Describe the nature of the problem(s) of the child relating to the proposed initiation or change of identification, evaluation, placement, or appropriateness of the education of the child, including specific facts relating to such problem(s) which make this hearing necessary. (Attach additional pages if necessary.) _____

How may the problem(s) be resolved? _____

Parents have the right to request mediation to resolve the problem(s). Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the parent and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
Fax: (405) 522-3503

Signature: _____

Date _____

EXPEDITED DUE PROCESS COMPLAINT NOTICE - PARENT

To: _____ Address: _____
(SCHOOL SUPERINTENDENT) _____

(SCHOOL DISTRICT) _____

CHILD'S INFORMATION

Child's Name: _____ School: _____
Address of Child's _____ Current Grade/
Residence: _____ Placement: _____

Date of Birth: _____
_____ Disability: _____

NAME OR PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent _____ Name of Attorney _____
or Guardian: _____
Address: _____ Business Address: _____

Telephone: _____ Telephone: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____

Describe the nature of the problem(s) of the child relating to discipline matters including placement in an alternative setting or a manifestation determination, and facts relating to such problem(s). (Attach additional pages if necessary.)

A proposed resolution of the problem(s) to the extent known and available to the party.

Parents have the right to request mediation to resolve the problem(s). Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the school and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599
Fax: (405) 522-3503

Signature: _____ Date: _____

Required information: This hearing must occur within 20 school days of the date the hearing is requested and shall result in a determination within ten (10) school days of the final submission of the parties.

EXPEDITED DUE PROCESS COMPLAINT NOTICE - LEA

To: _____ Address: _____
 (SCHOOL SUPERINTENDENT) _____

 (SCHOOL DISTRICT) _____

CHILD'S INFORMATION

Child's Name: _____ School: _____
 Address of Child's _____ Current Grade/
 Residence: _____ Placement: _____
 _____ Date of Birth: _____
 _____ Disability: _____

NAME OR PARENT/GUARDIAN AND ANY ATTORNEY REPRESENTING THE CHILD

Name of Parent _____ Name of Attorney _____
 or Guardian: _____
 Address: _____ Business Address: _____

 Telephone: _____ Telephone: _____
 Fax: _____ Fax: _____
 E-mail: _____ E-mail: _____

scribe the nature of the problem(s) maintaining the current placement of the child if substantially likely to result in injury to the child or to others, including specific facts relating to such problem(s) which make this hearing necessary. (Attach additional pages necessary.) _____

A proposed resolution of the problem(s) to the extent known and available to the party.

Parents have the right to request mediation to resolve the problem(s). Such participation is voluntary. Please contact the school or the Oklahoma State Department of Education at (405) 521-3351 for further information. The due process hearing timeline does not begin until the complaint notice, completed in accordance with all requirements, is received by both the parent and the Oklahoma State Department of Education, Special Education Services. A copy of the notice must be mailed or faxed to:

Oklahoma State Department of Education
Attn: Special Education Services
 2500 North Lincoln Boulevard, Suite 412
 Oklahoma City, Oklahoma 73105-4599
 Fax: (405) 522-3503

Signature: _____ Date: _____

Required information: This hearing must occur within 20 school days of the date the hearing is requested and shall result in a determination within ten (10) school days of the final submission of the parties.

DUE PROCESS RIGHTS OF PARENTS AND SCHOOLS

Any party to a hearing has the following rights:

1. The right to be accompanied and advised by legal counsel and/or by individuals with special knowledge or training with respect to the problems of children with disabilities.
2. The right to present evidence and confront, cross-examine, and compel attendance of witnesses.
3. The right to obtain written findings of fact and a decision.
4. The right to obtain a written or electronic record of the hearing upon written request.
5. The right to prohibit introduction of any evidence at the hearing that has not been disclosed to you at least five (5) business days before the hearing.
6. The right to ask for a Due Process Hearing Appeal review if you are in disagreement with the hearing decision by requesting an appeal in writing to the Oklahoma State Department of Education within 30 days of receipt of the hearing decision.
7. The right to know the role of the hearing officer includes the responsibility to hear both sides and render a decision in keeping with all appropriate state and federal regulations.

Parents also have the following rights:

1. The right to request certain LEA or State Department of Education personnel to be present.
2. The right to request an open hearing, if desired. (Note: Unless requested it will be a closed hearing to preserve confidentiality.)
3. The right to have your child present at the hearing.
4. The right to examine and reproduce school records at reasonable cost.
5. The right to request certain fees incurred by you during these proceedings be paid by the local educational agency should you “prevail” in these proceedings, subject to the provisions of the Individuals with Disabilities Act (IDEA).
6. The right to present findings from an independent evaluation.

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE)
)
_____))
(STUDENT NAME))
DUE PROCESS HEARING)

DPH. NO _____

NOTICE OF LACK OF SUFFICIENCY

_____ requests the Hearing Officer assigned in this matter

[PARTY REQUESTING REVIEW]

to review the sufficiency of the Due Process Complaint Notice, filed in this matter

on _____.

[DATE].

In support of its request, this Party states the following:

1. This Party received the Due Process Complaint Notice on _____.
[DATE]
2. This Party questions the sufficiency of the Due Process Complaint Notice for the following reasons:

[LIST ALL REASONS THIS PARTY QUESTIONS THE SUFFICIENCY OF THE NOTICE]

- a.
- b.
- c.

Signature of the Party/Party Representative

Mail copy to:

Hearing Officer, Other Party *and* Oklahoma State Department of Education,
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE _____)
(STUDENT NAME) _____)
DUE PROCESS HEARING _____) DPH. NO _____

OPEN HEARING REQUEST FORM

I, _____, on behalf of _____
(PARENT/GUARDIAN/SURROGATE PARENT) (STUDENT'S NAME)

request that this hearing be open to the public and hereby waive our rights concerning any and all

confidential information that may be discussed during the Due Process Hearing to be held

on _____ .
(DATE)

I understand that in order for the Hearing Officer to reach a decision, confidential information pertaining to our child may be discussed in the Due Process Hearing. I also understand that by having an open hearing, information brought out during the hearing cannot be guaranteed to be kept confidential.

Understanding all the above, I do hereby request that the Due Process Hearing be open to the public.

Signed _____ Date _____
(PARENT/PARENT REPRESENTATIVE)

Return to: Hearing Officer *and* Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE)
)

(STUDENT NAME))
DUE PROCESS HEARING)

DPH. NO _____

JOINT AGREEMENT TO WAIVE RESOLUTION SESSION

The issues in the above captioned Due Process Complaint have been thoroughly discussed by both parties. At this time, no resolution of the issues can be reached and both parties waive the Resolution Session.

By waiving the Resolution Session, both parties understand the Due Process timeline begins to run on the day after this agreement is signed by both parties.

(SIGNATURE OF PARENT/PARENT REPRESENTATIVE)

(DATE)

(SIGNATURE OF LOCAL EDUCATIONAL AGENCY
ADMINISTRATOR/REPRESENTATIVE)

(DATE)

Mail to: Hearing Officer *and* Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE _____)
(STUDENT NAME) _____) DPH. NO _____)
DUE PROCESS HEARING _____)

SUBPOENA DUCES TECUM

THE STATE OF OKLAHOMA TO: _____
(NAME OF THE PERSON/ ENTITY HOLDING RECORDS)

of _____
(ADDRESS)

You are commanded to appear at the request of _____
(THE PARENT/SCHOOL DISTRICT)

on _____, at _____ at the following location
(Date) (TIME A.M./P.M.)

_____, to produce the following records and
(ADDRESS OF LOCATION)

information in the possession of the _____ :
(NAME)

(LIST ALL DOCUMENTS OR TYPES OF DOCUMENTS YOU ARE REQUESTING).

IN WITNESS WHEREOF, I have set my hand this ____ day of _____ .
(MONTH, YEAR)

(NAME OF OFFICER), Hearing Officer

ISSUED AT THE REQUEST OF:
(NAME OF THE PARTY/
PARTY REPRESENTATIVE) _____
(ADDRESS) _____
(PHONE) _____

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE _____)
(STUDENT NAME)) DPH. NO _____
DUE PROCESS HEARING)

CANCELLATION OF DUE PROCESS HEARING

A request to the State Department of Education to conduct a Due Process Hearing has been made by _____ and/or _____
(LOCAL EDUCATIONAL AGENCY) (PARENT/GUARDIAN/ SURROGATE PARENT)
concerning _____ .
(STUDENT)

Through a resolution session, prehearing conference, mediation, or other settlement, the request is being cancelled by the undersigned. Both parties hereby agree that a Due Process Hearing is no longer necessary to settle the disagreement.

(SIGNATURE OF PARENT/ PARENT REPRESENTATIVE) (DATE)

(SIGNATURE OF LOCAL EDUCATIONAL AGENCY ADMINISTRATOR/REPRESENTATIVE) (DATE)

Mail to: Hearing Officer *and* Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

SAMPLE RESOLUTION AGREEMENT

This Settlement Agreement (the “Agreement”) is executed on the ___ day of (*MONTH, YEAR*), between (*NAME OF PARENT/GUARDIAN*), individually and as the guardian and next friend of (*STUDENT NAME*), referred to hereinafter as (“*LAST NAME OF PARENT/GUARDIAN*”), and (*NAME OF SCHOOL DISTRICT*).

RECITALS:

- A. On or about (*MONTH, DAY, YEAR*), (*LAST NAME OF PARENT/GUARDIAN*) submitted a due process hearing request against the School District through her attorney, alleging violations of the Individuals With Disabilities Education Act, 20 U.S.C. §§ 1400 et seq. (“DPH No. ____”).
- B. The parties met on (*MONTH, DAY, YEAR*) for a Resolution Meeting to discuss (*EXPLANATION*).

WHEREFORE, in consideration of the agreements, conditions and covenants hereinafter set forth, the parties agree as follows: (*LIST OF AGREEMENTS FOLLOW*)

Neither party may modify this Agreement without the written consent of the other party. The parties signing below represent that they are authorized to execute this Agreement, and by executing this agreement, bind their heirs, successors and assigns forever.

Pursuant to 20 USC §1415(f)(1)(B), this document is legally binding upon the parties and enforceable in any State court of competent jurisdiction or in a district court of the United States. Either party may void this Agreement within three (3) calendar days of the Agreement date.

(*SIGNATURE OF PARENT/GUARDIAN*) AND (*DATE*)

(*SIGNATURE OF LEA REPRESENTATIVE*)

By: _____

Date: _____

HEARING OFFICER EXPENSES

Name _____ Date: _____

Address _____ SSN: _____

Due Process Hearing No. _____ at _____ on _____
(Location) (Date)

Item	Explanation	Amount
Travel (same as current rate for state employees)	Round Trip Miles to Hearing Site	
	Mileage Cost Per Mile: _____ ¢ \$	
	Turnpike Tolls (Receipt Attached)	
	Other (Explain)	
Lodging (Same as current rate for state employees)	(Receipts Attached)	
Per diem (Same as current rate for state employees)	Dates and time in travel status	
Compensation for Hearing (As approved by the OSDE, Special Education Services)	Pre-hearing	
	Hearing	
	Decision Preparation	
	Total	
Other Expenses	Secretarial Services	
	Copying	
	Postal (Receipt Attached)	
	Phone Calls (Explain)	
	Other (Explain)	
	Total	
	Total	

Comment: _____

These expenditures were necessary in conducting a Due Process Hearing or Expedited Due Process Hearing _____ on behalf of _____.

(Number)

(Student's Name)

An accurate description is hereby provided for each expenditure to be approved by the Oklahoma State Department of Education (OSDE, SES).

 (Hearing Officer)

 (Signature of Hearing Officer)

 (Address)

 (Date)

The local education agency will send the Hearing Officer a check in the amount of (_____) to the Hearing Officer's Address listed above to reimburse for the approved Due Process Hearing or Expedited Due Process Hearing expenses. These expenses have been approved by the undersigned.

 State Department of Education, Representative

 Date
Mail to:

Oklahoma State Department of Education
 Special Education Services
 2500 North Lincoln Boulevard, Suite 412
 Oklahoma City, Oklahoma 73105-4599

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE _____)
)
(STUDENT NAME) _____) DPH. NO _____)
DUE PROCESS HEARING _____)

REQUEST FOR DUE PROCESS APPEAL REVIEW

I request an Appeal Officer be assigned to review the record of Due Process Hearing _____
(NUMBER)
conducted at _____ on _____ concerning
(LOCATION) (DATE)
the following child _____ ; and to make an independent decision.
(NAME OF CHILD)

The specific reasons for this appeal request are as follows: _____

The procedures for conducting this appeal will be sent to all parties by the SEA, upon receipt of this request.

Signed: _____
(PARENT/GUARDIAN/SURROGATE PARENT/REPRESENTATIVE)

ADDRESS)

(HOME PHONE) (BUSINESS PHONE)

(LOCAL EDUCATIONAL AGENCY OFFICIAL/REPRESENTATIVE)

(ADDRESS)

(TELEPHONE)

Send a copy to the other party and send the original to the SEA at the address below:

Mail to: Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

STATE DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

IN THE MATTER OF THE)
_____))
(STUDENT NAME))
DUE PROCESS HEARING)

DPH. NO _____

OPEN HEARING REQUEST FORM FOR DUE PROCESS APPEAL

I, _____, on behalf of, _____ request that
(PARENT/GUARDIAN/SURROGATE PARENT) (STUDENT'S NAME)
this Appeal Review be open to the public and hereby waive our rights concerning any and all
confidential information that may be discussed during the Appeal Review Hearing to be held
on _____.
DATE

I understand that in order for the Appeal Officer to reach a decision, confidential information
pertaining to our child may be discussed in the Appeal Review Hearing. I also understand that
by having an open review, information brought out during the review cannot be guaranteed to
be kept confidential.

Understanding all of the above, I request that the Appeal Review Hearing be open to the
public.

Signed: _____ Date: _____
(PARENT/GUARDIAN/SURROGATE PARENT)

Return to: Appeal Officer *and* Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105-4599

APPEAL OFFICER EXPENSES

Name _____ Date: _____
 Address _____ SSN: _____

 Due Process Hearing No. _____ at _____ on _____
 _____ (Location) _____ (Date)

Item	Explanation	Amount
Travel (same as current rate for state employees)	Round Trip Miles to Hearing Site	
	Mileage Cost Per Mile: _____¢ \$	
	Turnpike Tolls (Receipt Attached)	
	Other (Explain)	
Lodging (Same as current rate for state employees)	(Receipts Attached)	
Per diem (Same as current rate for state employees)	Dates and time in travel status	
Compensation for Hearing (As approved by the OSDE, Special Education Services)	Pre-hearing	
	Hearing	
	Decision Preparation	
Other Expenses	Secretarial Services	
	Copying	
	Postal (Receipt Attached)	
	Phone Calls (Explain)	
	Other (Explain)	
	Total:	_____