

**EVALUATION OF HEARING OFFICER  
MANAGEMENT OF DUE PROCESS HEARING  
PRE-HEARING CONFERENCE EVALUATION FORM**

HEARING OFFICER \_\_\_\_\_

Student \_\_\_\_\_ Case # \_\_\_\_\_

LEA: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Date(s) of Pre-Hearing Conference: \_\_\_\_\_

Present for Parent: \_\_\_\_\_

Present for LEA: \_\_\_\_\_

Location of Pre-Hearing Conference: \_\_\_\_\_

Telephonically held: Yes \_\_\_\_\_ No \_\_\_\_\_

**Based on your review and observation of the pre-hearing conference, did the hearing officer effectively convey or demonstrate the following? Please use the space below to explain your position.**

Did the hearing officer:

Establish a date, time, and location for the hearing convenient to both parties:

Yes

No

\_\_\_\_\_  
\_\_\_\_\_

Inform the parties of the right to mediation:

Yes

No

\_\_\_\_\_  
\_\_\_\_\_

Ascertain whether the parties will have attorneys or others assisting them at the hearing:

Yes

No

\_\_\_\_\_  
\_\_\_\_\_

Ascertain from the parents whether the hearing will be open to the public:

Yes

No

\_\_\_\_\_

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Establish the issues:

Yes

No

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Address any motions:

Yes

No

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Establish dates for exchange of documents and  
submission of witness lists:

Yes

No

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Observed fairness to the parties:

Yes

No

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Maintain direction of the pre-hearing  
conference:

Yes

No

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Handle specific concerns raised by the parties:

Yes

No

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Ascertain whether the parties had  
scheduled a date for the resolution session:

Yes

No

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If any extensions were granted to the 45-day timeline, did the request for the extension come from one of the parties:

Yes

No

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If an extension was granted, was it in the best interest of the child:

Yes

No

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Is the extension granted for cause, and not for attorney convenience?

Yes

No

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Pre-Hearing on the Sufficiency of the Notice

[If the hearing officer has a pre-hearing conference to determine the sufficiency of the Notice requesting due process]

Did the hearing officer schedule the pre-hearing conference within the mandated 5 calendar days of receipt regarding the insufficiency of the notice:

Yes

No

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General Concerns and/or Comments:

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Suggestions for Improvement:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Evaluator

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date Reviewed with Hearing Officer