

Connecticut State Department of Education
Bureau of Special Education
Due Process Unit
P.O. Box 2219, Room 364, Hartford, CT 06145-2219
Fax: (860) 713-7153

Request for Impartial Special Education Hearing

I request an impartial hearing against _____
(District/name of school)

concerning my child. _____
(name of child) (date of birth)*

(child's address) (child's disability)*

Print name of person requesting hearing* Signature* Date*

Telephone* Email address*

Description of the nature of the issues in dispute, including related facts:

Proposed resolution of the issues (to the extent known and available at this time).

Please forward to the above address and, as appropriate, the parents or the school district.

***Information requested is optional.**

Revised February 2012