

NEVADA DEPARTMENT OF EDUCATION

Model Form to Assist Parents in Filing a Due Process  
Request<sup>1</sup>

Date  
Name  
Address  
Telephone Number  
Email Address, if available

Head of the Public Agency  
(means head of a school district  
or other governmental entity  
responsible for providing  
education to a student with a  
disability, such as the State  
Public Charter School Authority)

Address

Dear (Name of Head of the Public Agency),

The purpose of this letter is to request an impartial due process hearing for **(name of child)**, born on (birth date), enrolled at **(name of school)**, who currently resides at **(address)**.<sup>2</sup> I am/We are requesting this hearing in order to resolve the issue(s) of the (identification/evaluation/placement/Free Appropriate Public Education) of my/our child.

**State the nature of the problem relating to the proposed initiation or change in the identification, evaluation, or educational placement of your child, or the provision of a free appropriate public education to your child:** (specific reasons for this request)

**Describe the facts related to the problem:**

(Describe the facts that support this request, including when the problem occurred.)

<sup>1</sup> Even if you do not use this model form, the Individuals with Disabilities Education Act requires you or your attorney to file a notice that meets certain requirements in order to have a hearing. (See the statement of your rights for additional information.) If the public agency is the requesting party, the public agency must also file the required notice.

<sup>2</sup> If you and your child are homeless, just include available contact information and the name of the school your child is attending.

**Our proposed resolution of this disagreement, to the extent known and available at the time:**

(To the extent you can at the present time, please propose a resolution of the problem)

Check if appropriate:

- A. Please provide us the procedure to follow in order to examine and copy my/our child's educational records.
- B. Please provide us with a list of the agencies where I/we can obtain free or inexpensive legal assistance and other relevant services in the area.
- C. Although this is not my/our first request for a hearing, I am requesting another copy of a statement of my/our rights under the provisions of the Individuals with Disabilities Education Act and Nevada state law and regulations.

Sincerely,

(Parent(s)/Guardian(s) Signature)

c. Nevada Department of Education (forward a copy of the due process request to the Superintendent of the Nevada Department Education at the same time it is provided to the Head of the Public Agency)