

Florida Department of Education

Bureau of Exceptional Education and Student Services

ESE Program Administration and Quality Assurance

Dispute Resolution

325 W. Gaines Street, Suite 614

Tallahassee, Florida 32399-0400

Phone: 850-245-0475

Fax: 850-245-0953

Request for Exceptional Student Education (ESE) Due Process

Directions: This form should be completed by individuals who wish to request a due process hearing. Please complete, sign and submit one copy of this form to the District Director of ESE Services and submit another copy to the Florida Department of Education. Please retain a copy for your records.

Please print when filling out the form.

Requesting Party:

Parent/Guardian

Parent Representative

School District

Is this a request for an expedited due process hearing related to discipline issues?

Yes No

Comments:

Statement of Issues and Proposed Resolution

I, _____, the undersigned, do hereby file this request for a due process hearing against _____ County School District/local educational agency.

Please use the space below to write a description of the issue(s) of your complaint, including the related facts. You may attach an additional sheet of paper if more space is needed.

Please use the space below to write a proposed resolution of the problem or issues. You may attach an additional sheet of paper if more space is needed.

Submitted by: _____
Signature

Date

Student Information:

Student's Name: [redacted]

Last: [redacted] First: [redacted] Middle Initial: [redacted]

Date of Birth: Month: [redacted] Day: [redacted] Year: [redacted]

Student's Disability/Exceptionality: [redacted]

Student's Grade: [redacted]

Student's Address: [redacted]

Name of School the Student is Attending: [redacted]

Additional Contact Information for Homeless Student:
[redacted]

Parent/Student Representative Information:

Name: [redacted]

Address: [redacted]

Telephone:

Home: [redacted] Cell: [redacted] Work: [redacted]

Relationship to Student: [redacted]

District Contact Information
(to be completed if submitted by district personnel)

Name of School Representative and Title:

[Redacted]

Mailing Address of School or Agency Central Office:

[Redacted]

Telephone:

[Redacted]