



Tennessee Department of Education Due Process Hearing Request Form

Office of General Counsel
9th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
Fax: (615) 253-5567

Parent/Child Information (To be completed by the parent/guardian and submitted to the LEA for processing)		
Name of Child	Child's Date of Birth <i>Month/Day/Year</i>	Child's Disability
Name of Parent/Guardian	Address of the Child/Parent/Guardian <i>Street, City, State, ZIP</i>	
Home Phone	Cell Phone	Email Address
Attorney for Child/Parent/Guardian	Address of Attorney <i>Street, City, State, ZIP</i>	
Phone	Fax	Email Address
Due Process Hearing Request initiated by: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> LEA (LEA shall provide parent information when initiating the hearing)		Hearing is to be: <input type="checkbox"/> Open <input type="checkbox"/> Closed
Name of School	Name of School District	
Provide a complete description of the nature of the problem relating to the identification, evaluation, educational placement (initial or proposed change) or the provision of a free appropriate public education (FAPE).		
Please provide a proposed resolution to the problem to the extent known and available.		
Local Education Agency (LEA) Information (To be completed by the school district)		
LEA/Special Education Administrator	Address of LEA <i>Street, City, State, ZIP</i>	
Phone	Fax	Email Address
School Child Attends/Attended	Child's Disability	
Attorney for LEA	Address of Attorney <i>Street, City, State, ZIP</i>	
Phone	Fax	Email address
Date Request Received by LEA	Hearing Location	