



Tennessee Department of Education Due Process Hearing Request Form

Office of General Counsel
Andrew Johnson Tower, 9th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

Email completed form to the public education agency and dispute.resolution@tn.gov

Parent/Child Information (To be completed by the parent/guardian and submitted to public education agency for processing) *Bold fields required; other fields are helpful.		
Name of Child	Child's Date of Birth <i>Month/Day/Year</i>	Child's Disability
Name of Parent/Guardian	Address of the Child <i>Street, City, State, ZIP</i> *If homeless, available contact information	
Phone	Email Address	Parent's Address <i>Street, City, State, ZIP</i>
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"/> School District (School district shall provide parent information when initiating the hearing)		Hearing is to be: <input type="checkbox"/> Open <input type="checkbox"/> Closed
Name of School Child is Attending	Name of Public Education Agency	
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.		
School District Information (To be completed by the Public Education Agency)		
Public Education Agency/Special Education Administrator	Address of Public Education Agency <i>Street, City, State, ZIP</i>	
Phone	Fax	Email Address
School Child Attends/Attended	Child's Disability	
Attorney for Public Education Agency	Address of Attorney <i>Street, City, State, ZIP</i>	
Phone	Fax	Email address
Date Request Received by Public Education Agency	Hearing Location	