



# Tennessee Department of Education

## Special Education Due Process Hearing Request Form

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

**Email completed forms to the school district and [dispute.resolution@tn.gov](mailto:dispute.resolution@tn.gov).**

Parent/Child Information (To be completed by the parent/guardian and submitted to the school district for processing) <b>*Bold fields are required.</b>		
<b>Name of Child</b>	Child's Date of Birth <i>Month/Day/Year</i>	Child's Disability
Name of Parent/Guardian	<b>Address of the Child</b> <i>Street, City, State, ZIP</i> <b>*If homeless, available contact information</b>	
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
<b>Name of School Child is Attending</b>		Name of School District
<b>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).</b>		
<b>Please provide a proposed resolution to the problem to the extent known and available.</b>		
School District Information (To be completed by the school district)		
School District/Special Education Administrator		Address of School District <i>Street, City, State, ZIP</i>
Phone	Fax	Email Address
School Child Attends/Attended		Child's Disability
Attorney for School District		Address of Attorney <i>Street, City, State, ZIP</i>
Phone	Fax	Email address
Date Request Received by School District		Hearing Location