

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION
DUE PROCESS UNIT
P. O. Box 2219-Room 359
Hartford, Connecticut 06146-2219
FAX# (860) 713-7153**

Request For Mediation

We request a mediation concerning _____, _____
(Name of student) (Date of birth)

_____ who is currently within the jurisdiction of
(Address of residence of student)

the _____ and attends _____
(School district) (Name of the school the student attends)

Parent Signature Date District Signature Date

Parent Telephone # Fax # District Telephone # Fax #

The date of the IEP meeting at which the parties failed to reach agreement: _____

Description of the nature of the issues in dispute, including related facts:

Proposed resolution of the issues to the extent known and available at this time.

Please provide three mutually agreeable dates for the mediation. From these dates, one will be selected for the convening of the mediation.

****Please forward to the above address and, as appropriate, the parents or the school district.****

A Parent's Guide to Special Education in Connecticut

Connecticut State Department of Education
Bureau of Special Education
Due Process Unit
P.O. Box 2219, Room 359, Hartford, CT 06145-2219
Fax: (860) 713-7153

Request for Impartial Special Education Hearing

I request an impartial hearing concerning _____ , _____
(name of student) (date of birth)

_____ who is currently within the jurisdiction of
(address of residence of student)

the _____ and attends _____
(school district) (name of the school the student attends)

Print Name Signature Date

Telephone Fax

The date of the IEP meeting at which the parties failed to reach agreement: _____

Description of the nature of the issues in dispute, including related facts:

Proposed resolution of the issues (to the extent known and available at this time).

Please forward to the above address and, as appropriate, the parents or the school district.

Request for Advisory Opinion

We request an advisory opinion. We understand both parties must agree to an advisory opinion and we are not required to pursue an advisory opinion prior to a hearing.

| | | | |
|-------------------------|-------------|---|-------------|
| _____ | _____ | _____ | _____ |
| Parent Signature | Date | School District Representative | Date |

Two mutually agreeable dates for the advisory opinion: _____ , _____

From these dates, one will be selected for the advisory opinion.

Please forward to the address on the front of this form and, as appropriate, the parents or the school district.

Connecticut State Department of Education - Bureau of Special Education

Special Education Complaint Form

This is a recommended form for the filing of special education complaints. You do not have to use this form to file a complaint although it will help you to include the required information. (Questions may be directed to Bureau staff at 860-713-6921 or 860-713-6938.) Please complete this form and forward to the parents (as appropriate) and responsible school district with a copy to:

**State Department of Education
Bureau of Special Education
P. O. Box 2219 - Room 359
Hartford, CT 06145-2219
Fax: (860) 713-7153**

Date: _____ Person/Agency filing the Complaint: _____

Address: _____ Phone: _____
(street)

_____ (town) _____ (state) _____ (zip)

Parent's Name (if different): _____ Phone: _____

Child's Name: _____ Date of Birth: _____
(last) (middle) (first)

Education Agency (school district): _____

Name of School the Child Attends: _____ Disability Category: _____

Child's Address: _____
(street)

_____ (town) _____ (state) _____ (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

Signature of Complainant: _____