



HIDOE's Due Process Model Form Invitation for Feedback

SEAC Meeting
February 10, 2023

Strategic Plan-Year One, Exploration and System Development (July 2022-June 2023)

System Recommendations

- * Draft and adopt written policies and internal procedures for mediation, state complaints, and due process requests.
- * Review, revise, and create internal templates used by the Monitoring and Compliance Branch (MAC) for the dispute resolution processes.
- * Update state complaint and due process model forms and translate into the state's required languages. These should be posted in an easy-to-find, accessible location on the HIDOE website.

Required Information

1. The name of the student;
2. The address of the residence of the student;
3. The name of the school the student is attending;
4. If homeless, available contact information for the student;
5. A description of the nature of the problem including facts; and
6. A proposed resolution of the problem to the extent known and available to the party at the time.

34 CFR §300.508(b); HAR §8-60-62

Current Due Process Model Form

Please click the link below to access a copy of the current form.

- <https://www.hawaiipublicschools.org/DOE%20Forms/Special%20Education/RequestforDueProcessHearing.pdf>

Current Form- Page 1 and 2



**State of Hawaii
DEPARTMENT OF EDUCATION**

REQUEST FOR IDEA IMPARTIAL DUE PROCESS HEARING

For DOE use only
Date Received by CAS _____ Initials _____

TO: _____ RE: _____
Complex Area Superintendent Name of Student

_____ Date of Birth _____ Phone _____
Complex Area or District

_____ District Educational Specialist

FROM: _____ Student's Mailing Address*
Print Name (*If none, please provide available contact information)

Check one Parent/Legal Guardian Department Representative
 Attorney for Parent City _____ State _____ Zip Code _____

_____ Name of School (that student currently attends) DOE Home School (if different)

This is a request for an impartial due process hearing concerning the education of the above-named student. In the spaces below, or on attached sheet(s), please describe the nature of the problem, including related facts and a proposed resolution of the problem as you see it, to the extent known to you. Be specific.

IDENTIFICATION: (Referral process prior to evaluation or determination of eligibility)

Description of problem and related facts:

Proposed Resolution:

EVALUATION: (Activities involved in information gathering to determine special education/ Section 504 eligibility and/or the extent of special education/modifications and related service needed by the student)

Description of problem and related facts:

Proposed Resolution:

PLACEMENT: (The educational setting for the implementation of the IEP/MP)

Description of problem and related facts:

Proposed Resolution:

PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION: (Activities/services related to the IEP/MP)

Description of problem and related facts:

Proposed Resolution:

In accordance with Individuals with Disabilities Education Act (IDEA) 2004, before a due process hearing can be held, the school must convene a resolution session (meeting) with the parents and the relevant member(s) of the IEP Team who have specific knowledge of the facts identified in this request within 15 days of its receipt by the Department of Education. The purpose of the resolution session is for the parent to discuss the due process complaint and the facts that form the basis of the complaint. The school may not include an attorney at this session unless the parent is accompanied by an attorney. The resolution session will take place unless **both** parties agree to waive the meeting in writing, **or** agree to mediation.

Please initial one of the following:

- I would like a resolution session.
- I would like to waive the resolution session. (Note: The resolution session will be scheduled unless it is also waived by the other party.)
- I would like to request a mediation session.
- I do not wish to use the mediation process.

Additional Information (Please check box and fill-in as applicable.)

I will need the services of an interpreter. Please specify: _____

I will be accompanied by an attorney at the hearing. If the attorney is known at this time, please provide the following information:

Name: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip Code Email

I will be accompanied and advised by a parent advocate. If the advocate is known at this time, please provide the following information:

Name: _____ Phone: _____ Fax: _____

Address: _____

Signature of Requester _____ Date _____

Mailing Address: _____ Street _____ City _____ State _____ Zip Code _____

Phone _____ Fax, if available _____

THANK YOU

*We Value Your
Feedback.*

Open Comment Period

- February 10-24

Please submit your feedback to:

- allison.eby@k12.hi.us