

CONNECTICUT STATE DEPARTMENT OF EDUCATION

**BUREAU OF SPECIAL EDUCATION  
DUE PROCESS UNIT**

450 Columbus Blvd., Suite 604

P.O. Box 2219,

Hartford, CT 06145-2219

[dueprocess.sde@ct.gov](mailto:dueprocess.sde@ct.gov)

860-713-6928; FAX 860-713-7153

## Request for Impartial Special Education Hearing

I request an impartial hearing against \_\_\_\_\_  
(District/name of school)

concerning my child \_\_\_\_\_  
(Name of child) (Date of birth)\*

\_\_\_\_\_  
(Child's address) (Child's disability)\*

\_\_\_\_\_  
Print name of person requesting hearing\* Signature\* Date\*

\_\_\_\_\_  
Telephone\* Email address\*

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.

**\*Information requested is optional.**