

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

**Translator services requested at the Impartial Special Education Hearing?**

**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.**