## **STUDENTS**

## Nondiscrimination and Student Rights

## <u>Notice of Appeal/Request for an Impartial Due Process Hearing</u> <u>Under Section 504</u>

Student's Name:

Parent/Guardian Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number: E-Mail:

I am in disagreement with the following decisions made by the District pertaining to my child's identification/evaluation/educational placement under Section 504:

Please describe the facts and circumstances giving rise to the disagreement: (Please state the background leading to the disagreement and why you disagree with the multidisciplinary team's decision(s):

Please state the specific issues to be decided at the due process hearing:

Please describe the relief you are requesting through the due process hearing (what result you would like the hearing officer to provide if the hearing officer decides in your favor):

Signature of parent/guardian

Date of Signature