REQUEST FOR DUE PROCESS HEARING

Birth to Three Early Intervention Program

Under Part C of the Individuals with Disabilities Education Act, a parent may request a due process hearing regarding any proposal or refusal regarding: identification (eligibility to receive early intervention services), evaluation, provision of early intervention services, and/or the setting in which early intervention services are provided.

The purpose of this form is to provide a format that can be used to request a due process hearing. A parent may choose to use a different format (such as an email, letter, or fax) to request a due process hearing, so long as it includes all required information, which must be sent to the Birth to Three Early Intervention Program at one of the following addresses:

Birth to Three Early Intervention Program
410 Federal Street, Suite 7
Dover, DE 19901
Email: DHSS_DPH_BirthtoThree@delaware.gov
Fax: 302-622-4141

A parent may request assistance in completing this form by contacting the Birth to Three Early Intervention Program. A description of the mediation process and other options (complaint and due process hearing) is available in the *Guide to Parent Rights* brochure or call 302-739-2730 to request a copy. The *Guide to Parent Rights* is available in English, Spanish, and Haitian Creole.

Name of Person Requesting a Due Process Hearing: Relationship to the Child:

Telephone Number(s): Email Address (optional):

Address:

City: State: Zip Code:

Child's Name:

Child's Date of Birth:

Signature of Person Requesting a Due Process Hearing:

Date:

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OPTIONAL — Reason you are requesting a due process hearing:

OPTIONAL — Are you interested in engaging in mediation and wish to be contacted by the Infants and Toddlers Early Intervention Program to learn more about that option?

Please list the dates and timeframes that you are available over the next two weeks. This will assist in scheduling the hearing.

Signature:

Date: