



**Susie Hedalen**  
State Superintendent  
opi.mt.gov

# IDEA Due Process Hearing Request

Information about filing a request for a due process hearing and the Individuals with Disabilities Education Act (IDEA) Special Education Part B Procedural Safeguards Notice are available on the Office Public Instruction (OPI) Special Education Dispute Resolution Website:  
<https://opi.mt.gov/Educators/School-Climate-Student-Wellness/Special-Education/Dispute-Resolution/Due-Process-Hearing>.

Use of this form is voluntary. Only a parent or a public agency can file a due process hearing request involving the identification, evaluation, or educational placement of a student with a disability or the provision of a free appropriate public education (FAPE) to a student. 34 Code of Federal Regulations (CFR) 300.507(a)(1) and Administrative Rules of Montana (ARM) 10.16.3508(1). Items marked with an asterisk (\*) are optional.

The rules relating to IDEA due process hearings can be found at 34 CFR §§ 300.507-300.518 and ARM 10.16.3508-10.16.3531.

**Date of Request** \_\_\_\_\_

This request is being initiated by the:       Parent                       Public Education Agency

## **Student Information**

Name of Student: \_\_\_\_\_ \*Grade: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_  
(In the case of a homeless student, available contact information)

Name of School/Public Agency Student Is Currently Attending: \_\_\_\_\_

## **Parent Information**

Name of Parent: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Email: \_\_\_\_\_

## **Public Agency Information**

Name of Representative (if known): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Email: \_\_\_\_\_

**Describe the nature of the problem** relating to the identification, evaluation, or educational placement of the student with a disability, or the provision of a free and appropriate public education to the student. Please include all **specific facts** relating to the problem (attach additional pages or documents as necessary).

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**To the extent known, state your proposed resolution to the problem** (attach additional pages or documents as necessary):

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I/We are filing this due process complaint on matters described in 34 CFR § 300.503(a)(1) or (2), relating to the identification, evaluation, or educational placement of a child with a disability, or the provision of a free and appropriate public education to the child.

Signature of Party Requesting Hearing: \_\_\_\_\_

**The party filing a due process hearing request must provide a copy to the other party and to the OPI. Please indicate by checking the appropriate box that a copy was provided to the other party.**

If a parent is filing this complaint, a copy must be sent to the school district/public agency.

Yes, I mailed a copy to the school district/public agency.

If a school district/public agency is filing this complaint, a copy must be sent to the parent.

Yes, I mailed a copy to the parent.

**Mail this form to:**

**Dispute Resolution Office  
Superintendent of Public Instruction  
P.O. Box 202501  
Helena, MT 59620-2501**

**NOTE:** OPI does not accept faxed or electronically transmitted IDEA Due Process Hearing Requests, as they do not meet the requirements under ARM 10.16.3508.



**The OPI makes reasonable accommodations for persons with disabilities. If you need an alternative accessible format of notices or final report or have questions about accessibility, please contact the Dispute Resolution Office at (406) 444-2046.**