_____ _____
Reference Number Date of Request

USD # ____
Notice to Parents of Expedited Special Education Due Process Hearing

A signed copy of this due process hearing notice must be sent to the student's parents and to KSDE, Special Education Services, 120 S.E. 10th Ave. Topeka, Kansas 66612

This notice is to inform you that USD _____ **is initiating an expedited special education due process hearing** relating to behavior of your child that we believe is substantially likely to result in injury to your child or to other persons, and that we will be requesting an order approving an interim alternative educational setting for up to 45 school days. Therefore, you are being provided with the following required information (which will also be provided to the hearing officer):

Parent must:

- **Within 10 days of receiving this notice**, you are required by law to send a response to the school district that specifically addresses the issues raised in this complaint.

  Please refer to the notice of parent rights for a full description of your due process rights. If this is the first time a due process hearing has been requested regarding your child, a copy of the parent rights document is enclosed with this notice. The parent rights document is also available from the school district upon request or from the Kansas State Department of Education, Special Education Services web site, www.ksde.org.

Additional information:

- The school is sending a copy of this notice to the Kansas State Department of Education, and we are requesting that it appoint a hearing officer for this case.
- We are also required to inform you of **free or low-cost legal and other relevant services**. To fulfill this requirement, we refer you to Kansas Legal Services 1-800-723-6953 and to the Disability Rights Center of Kansas 1-877-776-1541. Families Together (1-800-264-6343) is the Parent Information Center and can help parents understand their rights and due process procedures.
- **A mediation process is also available to help resolve special education disputes**. The costs of mediation are borne by the state, there are no costs for mediation to either the parents or the local school district. The mediator is an impartial professional who is: (a) knowledgeable in special education law; (b) not connected with the school district; and (c) selected for the mediation by the state department of education.

Name, address, and telephone number of USD contact person.

Name: _____

USD Number and Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____)_____

Student Name: _____ Disability: _____
(optional information)

Address: _____
(or contact information if the child is homeless)

City/State/Zip: _____

Telephone: (_____) _____

Name of Child's Mother: _____

Address (if different from child): _____
(or contact information if homeless)

City/State/Zip: _____

Telephone: (_____) _____

Name of Child's Father: _____

Address (if different from child): _____
(or contact information if homeless)

City/State/Zip: _____

Telephone: (_____) _____

A description of each problem, including the facts related to each problem, and a proposed resolution for correcting each problem.	
PROBLEM 1:	
Related Facts	
Proposed Resolution	
PROBLEM 2:	
Related Facts	
Proposed Resolution	

_____ _____
Date Signature of authorized school representative