Any parent who filed a written complaint with a local board of education (local board) regarding the use of emergency safety intervention may request administrative review by the Kansas State Board of Education (State Board).

- The written complaint to the local board must have alleged that emergency safety intervention was used in violation of emergency safety intervention law, K.S.A 2016 Supp. 72-89d01 to -09 and K.A.R. 91-42-1 to -7.
- The written complaint to the local board must have been filed within 30 days from the parent being informed of the use of emergency safety intervention.
- The request for administrative review must be legibly written or typed, signed, and sent to the Kansas State Department of Education (KSDE) within 30 days from the date a final decision is issued pursuant to the local dispute resolution process or, if a final decision is not issued, within 60 days from the date a written complaint was filed with the local board.
- The hearing officer will forward a copy of this request for administrative review to the clerk of the local board from whom the administrative review is sought.

Your request for administrative review must include the following information:

1. **The name and relevant contact information of the parent filing the request for administrative review.**

   Name __________________________________________________________

   Address ________________________________________________________

   City/State/Zip __________________________________________________

   Telephone ______________________________________________________

   Email Address _________________________________________________
   (not required)

2. **The name of the school the child is attending. Additional information regarding the USD number, address, and telephone number of the school where the child is attending is optional, but would be helpful in identifying responsible parties.**

   Name of School ____________________________________________ USD No. ______________
   (not required)

   School Address ______________________________________________
   (not required)

   City/State/Zip _______________________________________________
   (not required)

3. **The name and relevant contact information of the involved child.**

   Name of Child ________________________________________________
4. The name and contact information, to the extent known, for all involved parties. This should include, if applicable, teachers, aides, administrators, and district staff. (Attach additional pages if needed.)

Name of Involved Party ______________________ Contact Information ______________________

Name of Involved Party ______________________ Contact Information ______________________

Name of Involved Party ______________________ Contact Information ______________________

Name of Involved Party ______________________ Contact Information ______________________

Name of Involved Party ______________________ Contact Information ______________________

5. State your basis for seeking administrative review. You must include all supporting facts that provide the basis for seeking administrative review. Such facts must include when emergency safety intervention was used in violation of emergency safety intervention law and who, or what circumstances, were involved in this alleged violation. (Attach additional pages if needed.)

What is your basis for seeking administrative review?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What are the supporting facts?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

6. Attach all relevant documentation. This must include a copy of the written complaint filed with the local board and must include the local board’s final decision, if issued. Relevant written instruments or documents in your possession much be attached as exhibits or, if unavailable, referenced in #5 of this request.
By signing this request, I consent to disclose any personally identifiable information from the referenced student’s education’s records necessary to conduct an investigation pursuant to K.A.R. § 91-42-5.

Signature                         Date

NOTE: If the hearing officer receives information that the hearing officer determines was not previously made available to both parties during the local board dispute resolution process, the hearing officer may remand the issue back to the local board. The local board then has 30 days to issue a written amended final decision. Upon remand, the hearing officer’s case will be closed. All rights to and responsibilities of an administrative review shall begin again when the local board’s amended final decision is issued or upon 30 days from when the hearing officer’s remand is issued, whichever occurs first.

Upon receipt of a legibly written or typed, signed request for administrative review, the hearing officer will consider the local board’s final decision, if one was issued, and may initiate its own investigation and provide a written report of findings of fact and conclusions of law to the parent who requested administrative review, the school’s head administrator, the district superintendent, the local board clerk, and the State Board. The hearing officer will provide the results of the review within 60 days of the Commissioner of Education’s receipt of the request, unless a longer time is approved by the Commissioner for good cause. If a violation is confirmed, the report will contain suggested corrective actions and timelines to be followed by the district. The hearing officer’s report is final.

The signed request for administrative review must be signed and mailed or personally delivered to:

Emergency Safety Intervention Administrative Review Request
Kansas State Department of Education
Office of General Counsel
900 SW Jackson Street, Room 102
Topeka, Kansas 66612