

# Florida Bureau of Exceptional Education and Student Services

## Request for Exceptional Student Education Due Process

Required by IDEA 2004, 34 CFR §300.508.

Use of this form is voluntary.



This form can be used when requesting exceptional student education Due Process with a district when alleging that the school district has violated the educational rights of a student with a disability, under the Individuals with Disabilities Education Act (IDEA 2004) and corresponding state requirements. Provision of all information is requested. The use of an asterisk (\*) indicates information required per federal regulation for the filing of an IDEA Due Process Complaint.

<b>*Name of Student:</b>	Student Age/Grade:	<b>*School Name:</b>
<b>*Student Address or Contact Information (if homeless) (Street, City, State, ZIP):</b>		School District:
Date(s) of alleged violation:		Student Exceptionality:

Please select one of the following:

- ☐ I am the parent/guardian of the student.
- ☐ I am a parent representative.
- ☐ I am the school district or local educational agency (LEA) representative.
- ☐ I am the adult student.

**If submitted by the parent/guardian or parent representative:**

Name of Complainant:	Relationship to Student:	Complainant Email Address:
Complainant Address (Street, City, State, ZIP):		Daytime Telephone Number:

**If submitted by school district or LEA personnel:**

Name of School Representative:	Title:
Mailing Address (Street, City, State, ZIP):	Daytime Telephone Number:

**Is this a request for an expedited due process hearing related to:**

- Discipline issues (Section 300.532(c), Title 34, Code of Federal Regulations)? ☐ Yes ☐ No
- Denial of extraordinary exemption (Section 1008.212, Florida Statutes)? ☐ Yes ☐ No

**\*DESCRIPTION OF ALLEGED VIOLATION(S)**, i.e., separately for each allegation, state the requirement or obligation you believe your school district failed to follow as it pertains to exceptional student education laws.

**\*FACTS RELATING TO ALLEGATION**, e.g., dates, times of incidents and names of persons involved. Separately for each allegation above, please provide facts that help explain or clarify how, or in what way the school district failed to meet its obligation and requirements relative to exceptional student education.

**\*PROPOSED REMEDY, RESOLUTION OR SOLUTION** to the problem (to the extent known and available at this time).

☐ I have included attachments to this request.

**\*Signature of Complainant:**

Date:

**\*A copy of your IDEA Due Process Complaint must be submitted to the Florida Department of Education when filed with your local school district or other LEA. It is the LEA/district's responsibility to then file the request for due process with the Division of Administrative Hearings or DOAH. Please send the department copy via email, U.S. mail or fax to:**

Victoria Gaitanis, Section Administrator  
Florida Department of Education  
Bureau of Exceptional Educational and Student Services  
325 West Gaines Street, Suite 614  
Tallahassee, FL 32399-0400

Email: [BEESScomplaints@fldoe.org](mailto:BEESScomplaints@fldoe.org)

Fax: 850-245-0953

Phone: 850-245-0475