



Tennessee Department of Education

Special Education Due Process Hearing Request Form

Office of General Counsel
Andrew Johnson Tower, 9th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

Email completed forms to the school district and dispute.resolution@tn.gov.

*Note: **Bold** fields are required; other fields are optional.*

Parent/Child Information (To be completed by the parent/guardian and submitted to the school district for processing)			
Name of Child		Child's Date of Birth <i>Month/Day/Year</i>	Child's Disability
Name of Parent/Guardian		Address of the Child <i>Street, City, State, ZIP *If homeless, available contact information</i>	
Phone	Email Address	Parent's Address <i>Street, City, State, ZIP</i>	
Attorney for Child/Parent/Guardian		Address of Attorney <i>Street, City, State, ZIP</i>	
Phone	Fax	Email Address	
Due Process Hearing Request initiated by:		Hearing is to be:	
☐ Parent/Guardian ☐ School District/Public Agency (Provide document to parent when initiating hearing.)		☐ Open ☐ Closed	
Name of School or Other Public Agency Child is Attending		Name of School District or Other Public Agency	
Provide a complete description of the nature of the problem relating to the identification, evaluation, educational placement (initial or proposed change) or the provision of a free appropriate public education (FAPE).			
Please provide a proposed resolution to the problem to the extent known and available.			
School District or Other Public Agency Information (To be completed by the school district or other public agency official)			
School District or Other Public Agency Special Education Administrator		Address of School District or Other Public Agency <i>Street, City, State, ZIP</i>	
Phone	Fax	Email Address	
School or Other Public Agency Child Attends/Attended		Child's Disability	
Attorney for School District or Other Public Agency		Address of Attorney <i>Street, City, State, ZIP</i>	
Phone	Fax	Email address	
Date Request Received by School District or Other Public Agency		Hearing Location	