Notice to Parents & Guardians of Rights to a Due Process Hearing
SECTION 504

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REQUEST FOR SECTION 504 DUE PROCESS HEARING

StudentÕs Name: _____ Date of Birth: _____

StudentÕs Address: _____

School: _____

Parent/ GuardianÕs Name: _____

Parent/ GuardianÕs Address: _____

Parent/ GuardianÕs Phone Number(s): _____

I AM REQUESTING THAT A SECTION 504 DUE PROCESS HEARING BE SCHEDULED REGAR
THE FOLLOWING ISSUES:

- Section 504 identification14 (

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_____

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RETURN THIS FORM BY MAIL TO: FWISD Special Programs | Patricia Sutton, Director
100 N. University Dr. NE 240, Fort Worth, TX 76107 | (817) 814-2458 | Patricia.Sutton@FWISD.org

REQUEST FOR SECTION 504 DUE PROCESS HEARING

SUBJECT OF THE COMPLAINT

Describe the nature of the problem (the concerns that led you to request this hearing), including all specific facts relating to the problem. Attach additional pages or documents as necessary.

PROPOSED SOLUTION

State your proposed resolution of the problem to the extent known and available at this time. Attach additional pages or documents as necessary.

NAME OF PERSON COMPLETING THIS FORM: SIGNATURE:

CHECK ONE: DATE:

- Parent or Person in Parental Relationship
- Surrogate Parent
- ParentÕs Attorney
- School District/State Agency Representative
- School District/State Agency Attorney

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FORT WORTH INDEPENDENT SCHOOL DISTRICT

13. If you wish to challenge the actions of the district's Section 504 Committee in regard to your child's identification, evaluation, or educational placement, you should file a written Notice of Appeal with the district's Section 504 Coordinator within 30 calendar days from the time you receive written notice of the Section of 504 Committee's action(s).

Patricia Sutton, Director of Special Programs

100 N. University Drive Fort Worth, TX 76107, Tel. 817-871-2460