



# THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF ADMINISTRATIVE LAW APPEALS  
BUREAU OF SPECIAL EDUCATION APPEALS  
1 CONGRESS STREET, 11<sup>TH</sup> FLOOR  
BOSTON, MA 02114

TEL: 617-626-7250

FAX: 617-626-7270

<http://www.mass.gov/dala/bsea>

## Hearing Request Form

COMPLETE ALL ITEMS ON THIS FORM.

Description of the Appeals Hearing process: A Special Education Appeals Hearing is conducted in accordance with federal and state statutes as well as the BSEA Hearing Rules. The Hearing Officer may conduct a pre-hearing conference prior to the full hearing. The formal administrative hearing allows the parties to present their respective cases through witnesses who testify under oath and documents that are entered into evidence. Hearings can last from a single day to multiple days. The Hearing Officer issues a final written decision based upon the submitted evidence and legal arguments. A Hearing Decision may be appealed to federal or state court within ninety days of the issuance of the decision. Further explanation of the Appeals Hearing process as well as a copy of the BSEA Hearing Rules may be found at the BSEA's website: <http://www.mass.gov/dala/bsea>

**THIS FORM MAY BE USED TO FILE A HEARING REQUEST FOR THE FIRST TIME OR TO AMEND A HEARING REQUEST THAT HAS BEEN PREVIOUSLY FILED.**

Please indicate whether this is an Initial Hearing Request or an Amended Hearing Request.

Please check one: Initial Hearing Request:  Amended Hearing Request:

### I. Student Information:

1. Student's Name:
2. Student's Address:
3. Student's School District:
4. School Student Attends:

### II. Person Requesting Hearing:

1. Name of Person Requesting Hearing:

2. Please check one:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Parent                   | <input type="checkbox"/> Attorney for school         | <input type="checkbox"/> Educational Surrogate Parent*                            |
| <input type="checkbox"/> Student (if 18 or older) | <input type="checkbox"/> Attorney for parent/student | <input type="checkbox"/> Guardian*  |
| <input type="checkbox"/> School District          | <input type="checkbox"/> Advocate for parent/student | <input type="checkbox"/> Person appointed by court to make educational decisions* |

Individual with whom the student lives and who is acting in place of parent

*\*must attach copy of appointment.*

3. Address:

4. Phone Number(s): Home:

Work:

FAX Number:

**III. Representation Information (if any):**

Please check one: Parent  School

1. Name of Your Attorney or Advocate

2. Address:

3. Phone Number:

FAX Number:

**IV. Parent Information -- please provide information for each parent (if not listed in part II, page 1):**

1. Name of Parent(s):

2. Address:

3. Phone Number(s): Home:

Work:

FAX Number:

**V. Second Parent Information (if different from above):**

1. Name of Parent(s):

2. Address:

3. Phone Number(s): Home:

Work:

FAX Number:

NOTE: Federal law requires that you completely and accurately describe the reason(s) you are asking for a hearing and the outcome you are seeking. This includes a description of the student's special needs, all of the issue(s) you want the hearing officer to address, and the facts relating to those issues.

**Failure to provide complete information may result in a challenge to the sufficiency of the Hearing Request.**

**VI. Description of the issue(s):**

Please describe the student, the student's IEP or educational program, and the reason(s) you are requesting a hearing. Please be as complete as possible including dates, names, and places when appropriate. Please identify all the issues you want the hearing officer to address. **Incomplete information may limit the scope of the hearing.** (Use additional pages if needed.)

(Description of the issue(s) continued from Page 2)

**VII. Proposed resolution of the problem:**

Please explain what you want the result of the hearing to be. (Use additional pages if needed.)

\_\_\_\_\_  
Signature of Person Requesting Hearing

\_\_\_\_\_  
Date

**THIS FORM MUST BE SENT TO THE OPPOSING PARTY. AT THE SAME TIME, YOU MUST SEND A COPY OF THIS FORM TO THE BSEA. PLEASE SIGN BELOW TO CERTIFY THAT YOU ARE COMPLYING WITH THIS REQUIREMENT.**

I certify that I am sending this hearing request form to the opposing party, and at the same time I am sending a copy to the BSEA.

I am sending this form to the opposing party by the following delivery method(s):

Please check:

Mail

Fax

Hand-delivery

Other (specify)

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Signature