STATE OF HAWAIʻI
DEPARTMENT OF EDUCATION

SECTION 504
REQUEST FOR IMPARTIAL
DUE PROCESS HEARING

For Department Use Only	
Date Received by CAS	Initials

TO: _____
Complex Area Superintendent

_____
Complex Area or District

FROM: _____
Print Name

Check One:
- ☐ Parent(s)/Legal Guardian(s)
- ☐ Department Representative
- ☐ Attorney for Parent(s)/Legal Guardian(s)

_____
Name of School (that student currently attends)

RE: _____
Name of Student

_____
Date of Birth

_____
Student's Mailing Address*
(*If none, please provide available contact information)

_____
Phone Number

_____
Email Address

This is a request for an impartial due process hearing concerning the education of the above-named student. In the spaces below, or on an attached sheet(s), please describe the nature of the problem, including related facts and a proposed resolution of the problem as you see it, to the extent known to you. Be specific.

IDENTIFICATION: (Referral process prior to evaluation or determination of eligibility.)

Description of problem and related facts:

Proposed Resolution:

DISTRIBUTION: PRINCIPAL of the STUDENT'S SCHOOL OF ATTENDANCE
MONITORING AND COMPLIANCE BRANCH (specialedcomplaints@k12.hi.us),
CIVIL RIGHTS COMPLIANCE BRANCH (CRCB@k12.hi.us)
OFFICE OF DISPUTE RESOLUTION (atg.odr@hawaii.gov)
PARENT(S)/LEGAL GUARDIAN(S)

EVALUATION: (Activities involved in information gathering to determine Section 504 eligibility and/or the extent of Section 504 accommodation(s) and related service(s) needed by the student.)

Description of problem and related facts:

Proposed Resolution:

PLACEMENT: (The educational setting for the implementation of the 504 Plan.)

Description of problem and related facts:

Proposed Resolution:

PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION:
(Activities/Services related to the Section 504 Plan.)

Description of problem and related facts:

Proposed Resolution:

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PARENT(S)/LEGAL GUARDIAN(S)

In accordance with Chapter 61, § 8-61-9 of the Hawaii Administrative Rules, the parent(s)/legal guardian(s) of a student with a disability who disagrees with regard to the Hawaii State Department of Education's proposal or refusal to initiate or change the identification, evaluation, or educational placement of a student with a disability, or the provision of a free appropriate public education, may request Alternative Dispute Resolution (ADR), including mediation. ADR is intended to be an informal process conducted in a non-adversarial atmosphere to resolve these issues. It is voluntary to both parties; not used to deny a parent(s)/legal guardian(s)'s right to a due process hearing or to deny any other right; conducted by an impartial mediator; not a prerequisite to the right to a due process hearing; and is at no cost to the parent(s)/legal guardian(s).

Please initial one of the following options:

_____ I would like an **ADR** session.

_____ I do not wish to use the **ADR** process.

_____ I would like to request a **mediation** session.

_____ I do not wish to use the **mediation** process.

Additional Information: (Please initial and fill in as applicable.)

_____ I will need the services of an interpreter.

Please specify the language: _____

I will be accompanied and advised by a parent(s)/legal guardian(s) advocate. If the advocate is known at this time, please provide the following information:

Name Phone Number

Address Email Address

_____ I will be accompanied by an attorney at this hearing. If the attorney is known at this time, Please provide the following information:

Name Phone Number

Address Email Address

Signature of Requester Date

Mailing Address: Street City State Zip Code

Phone Email Address

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PARENT(S)/LEGAL GUARDIAN(S)