**ONLY for**

**HEARING**

**REQUEST**

**The Commonwealth of Massachusetts**

**Division of Administrative Law Appeals**

**Bureau of Special Education Appeals**

**14 Summer street, 4th Floor**

**malden, MA 02148**

Tel: 781-397-4750

 Fax: 781-397-4770

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

Hearing Request Form[[1]](#footnote-1)

**COMPLETE ALL REQUIRED 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 (REQUIRED):

2. Student’s Address (REQUIRED):

3. Student’s School District\*[[2]](#footnote-2): 4. School Student Attends (REQUIRED):

5. In the case of a homeless child or youth (within the meaning of Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434(a)(2)), available contact information for the child, and the name of the school the child is attending (REQUIRED):

**II. Primary language of Home\*:**

(If this section is not completed, the primary language of the home will be presumed to be English. If you require an interpreter for any BSEA proceedings, please so indicate here and one will be provided to you at no cost.)

**III. Person Requesting Hearing\*:**

1. Name of Person Requesting Hearing:

2. Please check one:

\*\**must attach copy of appointment*.

[ ]  Parent [ ]  Attorney for school [ ]  Educational Surrogate Parent\*\*

[ ]  Student (if 18 or older) [ ]  Attorney for parent/student [ ]  Guardian\*\*

[ ]  School District [ ]  Advocate for parent/student [ ]  Person appointed by court to

 make educational decisions\*

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

3. Address:

4. Phone Number(s): Home: Work: FAX Number:

5. Email address:

**IV. Representation Information (if any)\*:**

Please check one: Parent [ ]  School [ ]

1. Name of Your Attorney or Advocate:

2. Address:

3. Phone Number: FAX Number:

4. Email address:

**V. Parent Information -- please provide information for each parent (if not listed above)\*:**

1. Name of Parent(s):

2. Address:

3. Phone Number(s): Home: Work: FAX Number:

4. Email address:

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

1. Name of Parent(s):

2. Address:

3. Phone Number(s): Home: Work: FAX Number:

4. Email address:

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.**

**VII. Description of the issue(s)** (REQUIRED)**:**

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.)

**VIII. Proposed resolution of the problem** (REQUIRED)**:**

To the extent known and available to you at this time, please explain what you want the result of the hearing to be. (Use additional pages if needed.)

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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

[ ]  Email

[ ]  Fax

[ ]  Hand-delivery

[ ]  Other (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Type or Print Name (REQUIRED)

1. Use of this form is not required to file a Hearing Request. This form helps ensure that you include all of the required information. However, you may choose to submit your own written request, so long as it includes all of the information noted as required in this form. You may complete the form in the primary language of your home even

if not English and the BSEA will have it translated at no cost to you. Please contact the BSEA if you need assistance in completing this form or putting it in writing. Additionally, if you require ADA accommodations, please refer to the BSEA Website: <https://www.mass.gov/info-details/how-to-request-an-ada-accommodation>. [↑](#footnote-ref-1)
2. Items indicated with an asterisk are not mandated by the IDEA, however including this information will enable the BSEA and opposing party to more effectively and efficiently communicate and respond to the Hearing Request. [↑](#footnote-ref-2)