

REQUEST FOR IMPARTIAL HEARING
INITIAL REFERRALS ONLY

[] from evaluation process

A. STUDENT DATA

Student's Name _____
D.O.B. _____ N.Y.C. Student I.D. # _____
School: _____ Class: _____ District # _____ CSE Case # _____
Address: _____ Tel. # () _____
Parent: _____ Telephone # Home: () _____
(Name) Office: () _____

(Address) (Borough) (Zip)

Specify Parent's Language Translator [] Yes
if other than English: _____ [] No

B. CONSULTATION

(e.g. SCHOOL PERSONNEL, REFERRING PARTY, SBST/CSE, Etc.)

<u>Date</u>	<u>Person Contacted</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. PARENT/PRINCIPAL (Or Parent/CSE Meeting)

Date of Hearing: _____ or Date of Telephone Conference: _____

Participants at Meeting:

<u>NAME</u>	<u>TITLE/RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If parent did not attend meeting, contacts made:

<u>Date</u>	<u>Type</u>
_____	_____
_____	_____
_____	_____
_____	_____

