



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 SPECIAL EDUCATION - COMPLIANCE
DUE PROCESS HEARING REQUEST NOTICE FORM – MODEL FORM
PART C (First Steps)

Directions

Your due process hearing request should include the following information:

- Name of child and their address
- Name of SPOE
- Name and address of Parent/Guardian
- Description of the nature of the problem relating to proposed initiation or change to the identification, evaluation, placement, or the provision of early intervention services to the child or child’s family, and facts relating to the problem.
- Proposed resolution of the problem to the extent known.

Mail completed form to: Missouri Department of Elementary and Secondary Education (DESE)
 Division of Special Education – Compliance
 P.O. Box 480
 Jefferson City, MO 65102-0480

Or FAX to: (FAX) 573-526-4404 Attention: Compliance Section

Contact Information

Child’s Name	County
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SPOE Name _____

Child’s address: _____

City, State, & Zip: _____

Parent/Guardian Name: _____

Address: _____

City, State, & Zip: _____

Phone: Home _____ Work _____

Description of the nature of the problem, including facts relating to the problem: (Additional pages may be attached)

Proposed resolution of problem if known: (Additional pages may be attached)