# CASE NUMBER: Enter # if known. - NYC: Enter #.

## FINDINGS OF FACT AND DECISION

Case Number: Re-enter NYC case #.

Student’s Name[[1]](#footnote-1): Enter name. (“Student”)

Date of Birth: Enter DOB.

School District: Enter name.

Hearing Requested by: Enter name. (“Parent(s)”)

Enter name or delete unused box.

Request Date/Date Complaint Filed: Enter date.

Date(s) of Hearing: Enter date.

Enter date or delete unused box.

Enter date or delete unused box.

Enter date or delete unused box.

Actual Record Closed Date: Enter date (must precede date of signature).

Date of Decision: Enter date (must be same as date of signature).

Date of Distribution if Different than Decision Date: Enter date if applicable.

Hearing Officer: Enter your name.

### NAMES AND TITLES OF PERSONS WHO APPEARED ON Enter date.

#### For the Student:

Enter information. Press “enter” to add more as needed.

#### For the Department of Education:

Enter information. Press “enter” to add more as needed.

### NAMES AND TITLES OF PERSONS WHO APPEARED ON Enter date or delete this section.

#### For the Student:

Enter information. Press “enter” to add more as needed.

#### For the Department of Education:

Enter information. Press “enter” to add more as needed.

### NAMES AND TITLES OF PERSONS WHO APPEARED ON Enter date or delete this section.

#### For the Student:

Enter information. Press “enter” to add more as needed.

#### For the Department of Education:

Enter information. Press “enter” to add more as needed.

### NAMES AND TITLES OF PERSONS WHO APPEARED ON Enter date or delete this section.

#### For the Student:

Enter information. Press “enter” to add more as needed.

#### For the Department of Education:

Enter information. Press “enter” to add more as needed.

## INTRODUCTION AND PROCEDURAL HISTORY

This matter comes before the undersigned Impartial Hearing Officer (“IHO”) on Parent’s Due Process Complaint (“DPC") filed on or about Enter date.. (Enter exhibit reference.)[[2]](#footnote-2).

Enter text of relevant information, dates, and references to exhibits as appropriate including, but not limited to, the following:

* Due Process Complaint allegations and DOE’s Response;
* IHO appointment;
* Hearing date, parent representation, and DOE representation;
* Resolution meeting, pre-hearing conference, and summary of motions filed and significant agreements or rulings prior to the due process hearing and your decision;
* Extensions to the decision timeline; and
* Written closing arguments or briefs.

A hearing was held on Enter date. It was a closed hearing, and Parents were represented by Enter text. DOE was represented by Enter text. Parent entered into evidence exhibits Enter exhibit references and/or text . DOE entered into evidence exhibits Enter exhibit references and/or text[[3]](#footnote-3).

The record was closed on Enter date.

## JURISDICTION

The due process hearing was held, and a decision in this matter is being rendered pursuant to the Individuals with Disabilities Education Act (hereinafter, “IDEA”), 20 U.S.C. § 1400 *et seq*., and its implementing regulations, 34 C.F.R. § 300 *et seq*., and the New York State Education Law, Educ. Law § 4404 *et seq.*, and its implementing regulations, 8 NYCRR § 200.5 *et seq.*

## BACKGROUND

Enter text of relevant information, dates, and references to exhibits as appropriate including, but not limited to, the following:

• Student’s age, grade, and disability classification;

• Special education services and placement;

• Additional information relating to student’s disability and circumstances;

• Recommendations; and

• Allegations noted in the Due Process Complaint.

## ISSUES

Enter text of relevant information concerning the issues to be determined, the parties’ basic position concerning each issue, and the Parent’s requests for relief (in the form of).

## FINDINGS OF FACT

Enter text of relevant information, dates, and references to exhibits as appropriate regarding Hearing Officer’s Findings of Fact after considering all the evidence and arguments of both counsel. (Refrain from including a repetition of each of the issues listed above).

## CONCLUSIONS OF LAW

Enter text of relevant information concerning applicable legal standards. In cases involving tuition reimbursement, consider sub-sections (Denial of FAPE, Reimbursement for Unilateral Placement, and Equities) to address each of the three prongs of the Carter-Burlington Test.

## ANALYSIS

Enter text of any additional information summarizing Hearing Officer’s understanding of the facts as appropriate.

## ORDER

Based upon the above Findings of Fact and Conclusions of Law, it is hereby ordered:

1. Enter text relating to what must be done by each party to carry out the decision, including applicable timelines for each step or action. Press “enter” to add more as needed.

**SO ORDERED.**

DATED: Enter date.

Impartial Hearing Officer

## NOTICE OF RIGHT TO APPEAL

Within 40 days of the date of this decision, the parent and/or the Public-School District has a right to appeal the decision to a State Review Officer (SRO) of the New York State Education Department under section 4404 of the Education Law and the Individuals with Disabilities Education Act.

If either party plans to appeal the decision, a notice of intention to seek review shall be personally served upon the opposing party no later than 25 days after the date of the decision sought to be reviewed.

An appealing party’s request for review shall be personally served upon the opposing party within 40 days from the date of the decision sought to be reviewed. An appealing party shall file the notice of intention to seek review, notice of request for review, request for review, and proof of service with the Office of State Review of the State Education Department within two days after service of the request for review is complete. The rules of procedure for appeals before an SRO are found in Part 279 of the Regulations of the Commissioner of Education. A copy of the rules in Part 279 and model forms are available at <http://www.sro.nysed.gov>.

## APPENDIX A – REDACTION IDENTIFICATION PAGE

Student’s Name: Enter name.

Date of Birth: Enter DOB.

School District: Enter name.

Parent’s Name:

Enter additional text as needed to identify witness titles and names using above format. Press “enter” after each entry.

**SUBMIT THIS PAGE TO THE PARENT AND SCHOOL DISTRICT ONLY. DO NOT SUBMIT TO THE NYSED.**

## APPENDIX B – DOCUMENTATION ENTERED INTO THE RECORD

### PARENT EXHIBITS

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit** | **Document** | **Date** | **Pages** |
| Enter information. Press tab key. | Enter information. Press tab key. | Enter information. Press tab key. | Enter # of pages. Press tab key. |

### DOE’S EXHIBITS

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit** | **Document** | **Date** | **Pages** |
| Enter information. Press tab key. | Enter information. Press tab key. | Enter information. Press tab key. | Enter # of pages. Press tab key. |

### IHO’S EXHIBITS

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit** | **Document** | **Date** | **Pages** |
| Enter information. Press tab key. | Enter information. Press tab key. | Enter information. Press tab key. | Enter # of pages. Press tab key. |

1. Personally identifiable information is attached as Appendix A, “Redaction Identification Page,” to this decision and must be removed prior to public distribution. [↑](#footnote-ref-1)
2. Exhibits shall be referred to as follows: “P” for Parents’ Exhibit; “D” for District’s or Department’s Exhibits; and “IHO” for Impartial Hearing Officer’s Exhibits. Exhibits will be followed by the exhibit number and page numbers as needed and appropriate. [↑](#footnote-ref-2)
3. A more detailed list of the admitted exhibits is attached as Appendix B, “Documentation Entered Into the Record,” to this decision. [↑](#footnote-ref-3)