

Form A

IN THE MATTER OF THE APPEAL OF, _____
(Parent's Name)

on behalf of _____,
(Child's Name)
Petitioners,

**NOTICE OF INTENTION
TO SEEK REVIEW**

-against-

(School District's Name)
Respondent.

NOTICE:

The undersigned intends to seek review of the determination of the hearing officer concerning the identification, evaluation, program or placement of _____ *(child's name)*. Upon receipt of this notice, you are required to have prepared a written transcript of the proceedings before the hearing officer in this matter. A copy of the transcript, of each exhibit submitted at the hearing, and of the decision of the hearing officer must be filed by the _____ *(name of Board of Education)* with the Office of State Review of the New York State Education Department, 80 Wolf Road, Suite 203, Albany, NY 12205-2643 within 10 days after service of this notice.

Dated: _____

(Signature)
(parent or person in parental
relationship who has initiated the
appeal)