**Form C**

Notice of Intention to Cross-Appeal

**NOTICE:**

The undersigned intends to seek review of the determination of the impartial hearing officer concerning the identification, evaluation, educational placement, or manifestation determination of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*name of student with a disability*)

**Case Information Statement**

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

*Name of the party filing this notice Date*

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

*Name of the other party (school district or student) involved in this matter*

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

*Date of Impartial Hearing Officer Decision Impartial Hearing Officer Case Number*

**Issues for Review:** Please check the boxes that best apply to the issues you intend to ask a State Review Officer to address (check all that apply).

⬜ IDEA Eligibility ⬜ Child Find ⬜ CSE Meeting Process

⬜ Required Notices ⬜ Evaluative Information ⬜ Present Levels of Performance

⬜ Annual Goal ⬜ Educational Placement ⬜ Least Restrictive Environment

⬜ Related Services ⬜ Transition Services ⬜ 12-Month (ESY) Services

⬜ Unilateral Placement ⬜ Equitable Considerations ⬜ Relief Requested

⬜ Independent Evaluation ⬜ Pendency (stay-put) ⬜ IEP Implementation

⬜ Prior Written Notice

⬜ Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(*Signature*) (*Your Printed Name*)

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

(*Your Street Address*) (*Your City and Zip Code*)

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

(*Your Telephone Number*) (*Your Fax Number or Email Address*)