

**New York State Education Department  
Office of State Review  
Sample Request for Review  
of an Impartial Hearing Officer's Decision**

This is a completed sample of the form that may be used to submit a Request for Review in which you state the reasons you are seeking review of the Impartial Hearing Officer's (IHO's) decision. If you choose to, you may fill out a blank version of this form. If you choose to use this format, please keep in mind the following:

- Make clear and concise statements of the issues/IHO rulings that you would like a State Review Officer to review and the reasons that the IHO's decision should be reversed or changed, with each issue/IHO ruling numbered separately. Any issue/IHO ruling that you do not identify in your Request for Review will not be addressed by a State Review Officer who will assume that you are abandoning the issue.
- Explain to the State Review Officer what part(s) of the IHO's decision you disagree with, and why you disagree with the IHO's decision. Also if you would like a State Review Officer to decide an issue that was not addressed by the hearing officer, explain the issue and the IHO's failure to or refusal to rule on/decide the issue. When possible, you should refer to the evidence in the hearing record, such as the page numbers from the written transcript of the hearing or written documents which were presented at the hearing, to support your argument.
- If you object to the way in which the IHO conducted the hearing, you should state your objection, and if possible, you should refer to any pages of the written record of the hearing which relate to your objection.
- Indicate what relief or remedy you are seeking by bringing the appeal. At the end of the Request for Review, you should explain to the State Review Officer what you would like to see happen. You may ask the State Review Officer to reverse or change the IHO's decision. You must decide what you believe the school district should be ordered to do to help your child and explain what you would like the State Review Officer to order.
- You are not required to refer to portions of federal or State laws or regulations to support your argument that the decision of the hearing officer should be overturned or amended; however, if you wish you may do so in the Request for Review.

**For Additional Information**

For additional information on the appeal process, please call the Office of State Review at (518) 485-9373 and refer to <https://www.sro.nysed.gov/book/overview-part-279-revised-effective-january-1-2017>

**Instructions:** Complete the Request for Review and sign it. Then sign an Affidavit of Verification (Form D) in front of a Notary Public. Make two copies each of the Notice of Request for Review (Form B), Affidavit of Verification, and Request for Review.

- ✓ Hand deliver a copy of the Request for Review (and a copy of both the Notice of Request for Review and Affidavit of Verification) to the school district.
- ✓ Within 2 calendar days of serving the Request for Review upon the school district, the **original** Notice of Intention to Seek Review and Case Information Statement, Notice of Request for Review, Request for Review, Affidavit of Verification, and Affidavit of Service must be mailed to the State Review Officer at the following address:

Office of State Review  
New York State Education Department  
80 Wolf Road, Suite 203  
Albany, NY 12205

- ✓ Keep a copy of all completed forms for your records.

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**IN THE MATTER OF THE APPEAL OF**

Jane Doe

*(Name of Parent[s])*

on behalf of Jack Doe,

*(Name of Student with a Disability)*

Petitioners,

-against-

ABC School District,

*(School District)*

Respondent.

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**REQUEST FOR REVIEW**

**Parent Information**

*Name of Parent or Person in Parental Relation; or  
Surrogate Parent (if applicable):*

Jane Doe

*Mailing Address of Parent, Guardian or Surrogate  
Parent (if applicable):*

123 Your Street  
Your Town, NY 12345

*Telephone Number with Area Code:*

(555) 555-5555

**District Information**

*Name of District Representative or Contact (if known):*

Mr. Jones

*Mailing Address of School District/Central Office:*

ABC Middle School  
543 West Road, Anytown, NY 12346

**Student Information**

*Child's Name:*

Jack Doe

*Date of Birth:*

1/02/03

*Name of the School the Child is Attending:*

ABC Middle School

**IHO Decision**

*Name of Impartial Hearing Officer:*

Kenneth Li

*Date of IHO Decision:*

November 30, 2017

**Subject of the Request for Review** *(This section must typewritten in 12-point Times New Roman font and double spaced).*

*Make clear and concise statements of the issues/IHO rulings that you would like a State Review Officer to review and the reasons that the IHO's decision should be reversed or changed, with each issue/IHO ruling numbered and set forth separately. For example, I disagree with the IHO's finding about ....., The IHO did not make a finding about ....., etc.*

1. I disagree with the IHO that Jack received all the speech therapy he was supposed to during the 2016-17 school year and that he made progress (IHO Decision at p. 14). His speech therapist

testified she was out of school for three months from November to February and there was no substitute (Transcript pages 85-97).

2. I disagree with the IHO that it was appropriate for the CSE to recommend only resource room for the 2016-17 school year (IHO Decision at p. 15). Jack's report card showed that he did not do well in most of his classes and needed extra help (School District Exhibit 5). The CSE should have given Jack more services this year (2017-18) in his general education classroom. I asked during the meeting if he could be put in the integrated co-teaching (ICT) classroom with the special education teacher, but the CSE refused and said he didn't need an ICT classroom.
3. I disagree with the IHO's ruling denying my request for an independent educational evaluation (IEE) paid for by the district. I asked for an IEE in October 2016 because the district's evaluations did not show Jack's struggles with attention and focus on his schoolwork and so I disagreed with those evaluations (District Exhibits 10, 11, 13, 15). The district never responded to my request. I explained during the hearing that his teachers told me that he was sometimes antsy and fidgety in class (Transcript pp. 256-257). The classwork and tests that he brought home also showed that Jack skipped parts of questions and couldn't finish sections in time (Parent Exhibit L and M).
4. The IHO did not make a finding about whether the private school we are sending Jack to this year (2017-18) is appropriate for him. Progress notes from his current teachers at the private school shows that he is doing well (Parent Exhibits D and E).

*You can attach additional pages as necessary; however, the total number of pages of your Request for Review cannot be more than 10.*

**Request for Relief/Remedy** *(This section must typewritten in 12-point Times New Roman font and double spaced).*

*Indicate what relief or remedy you are seeking by bringing the appeal. At the end of the Request for Review, you should explain to the State Review Officer what you would like to see happen. You may ask the State Review Officer to reverse or change the IHO's decision.*

1. I would like the school district to give Jack make up speech therapy sessions for the ones he missed from November to February in the 2016-17 school year.
2. I would like the district to provide more special education services such as consultant teacher services or ICT services on his IEP to help him in his regular classroom, especially during math and reading.
3. I want the district to pay for an independent evaluation of Jack.
4. I would like the school district to pay for Jack's tuition at the private school for the 2016-17 school year.

<i>Name of Person Completing This Form:</i>  Jane Doe	<i>Signature:</i>  <i>Jane Doe</i>
<i>Relationship to Student:</i> Mother	<i>Date:</i> February 1, 2018