
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).

- | | | |
|--|---|--|
| <input type="checkbox"/> IDEA Eligibility | <input type="checkbox"/> Child Find | <input type="checkbox"/> CSE Meeting Process |
| <input type="checkbox"/> Required Notices | <input type="checkbox"/> Evaluative Information | <input type="checkbox"/> Present Levels of Performance |
| <input type="checkbox"/> Annual Goals | <input type="checkbox"/> Educational Placement | <input type="checkbox"/> Least Restrictive Environment |
| <input type="checkbox"/> Related Services | <input type="checkbox"/> Transition Services | <input type="checkbox"/> 12-Month (ESY) Services |
| <input type="checkbox"/> Unilateral Placement | <input type="checkbox"/> Equitable Considerations | <input type="checkbox"/> Relief Requested |
| <input type="checkbox"/> Independent Evaluation | <input type="checkbox"/> Pendency (stay-put) | <input type="checkbox"/> IEP Implementation |
| <input type="checkbox"/> Prior Written Notice | | |
| <input type="checkbox"/> Other (Please Specify): _____ | | |

(Signature)

(Your Printed Name)

(Your Street Address)

(Your City and Zip Code)

(Your Telephone Number)

(Your Fax Number or Email Address)