New York State Education Department

Office of State Review

Request for Review

of an Impartial Hearing Officer's Decision

This form may be used to prepare 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 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 the appeal guide for parents located at <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**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Name of Parent[s]/Petitioner*)  on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Name of Student with a Disability*)  Petitioners,  -against-  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  (*School District/Respondent*)  Respondent. | **REQUEST FOR REVIEW** |

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| **Parent Information** |
| *Name of Parent or Person in Parental Relation; or Surrogate Parent (if applicable):* |
| *Mailing Address of Parent, Guardian or Surrogate Parent (if applicable):* |
| *Telephone and Fax Numbers with Area Code:* |
| **District Information** |
| *Name of District Representative or Contact (if known):* |
| *Mailing Address of School District/Central Office:* |

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| **Student Information** |
| *Child’s Name:* |
| *Date of Birth:* |
| *Name of the School the Child is Attending:* |
| **IHO Decision** |
| *Name of Impartial Hearing Officer:* |
| *Date of IHO Decision:* |

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

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| *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.  2.  *You may type in this box or 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).*

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| *Indicate what relief or remedy you are seeking by bringing the appeal.  At this point in 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.  2. |

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| *Name of Person Completing This Form:* | *Signature:* |
| *Relationship to Student:* | *Date:* |