

# Oak Ridge Schools

## Office of the Superintendent



### Administrative Procedure 1.802.2

### Request for Section 504 Hearing

A parent/guardian who wishes to challenge an action or omission with regard to the identification, evaluation, or placement of a student who has or is believed to have a disability, as defined by Section 504, shall make an oral or written request for a due process hearing to the Section 504 coordinator. The request shall be submitted on or reduced to writing on the form below provided by the school's 504 coordinator.

Fill out the information below and return this form to John Stults, [jcstults@ortn.edu](mailto:jcstults@ortn.edu).

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Reason for Hearing Request: Identification \_\_\_\_\_ Evaluation \_\_\_\_\_ Placement \_\_\_\_\_

Description of Action/Omission Being Challenged: \_\_\_\_\_

\_\_\_\_\_

Action Desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date