Request for Administrative Review

Office of Special Education
Resolution and Compliance Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 336-43A
April 2017

INSTRUCTIONS: To be completed by parent/guardian/eligible student. Submission of this form is required to initiate an administrative review addressing: (1) the evaluation of the student; (2) the identification of the student; (3) the educational placement of the student; or (4) the provision of a free appropriate public education for the student. This process is entirely voluntary. An application for a due process hearing may be filed in place of, during, or after the administrative review. Please refer to Montgomery County Board of Education Policy BLC, *Procedures for Review and Resolution of Special Education Disputes*. Return the completed application to: Resolution and Compliance Unit, Montgomery County Public Schools (MCPS), 850 Hungerford Drive, Room 208, Rockville, MD 20850. If you have any questions about the completion of this form, please call: (301) 517-5864.

PART A: COMPLETE ALL BLANKS IN THIS SECTION

Student Name: _____ Date of Birth: ____/____/____
Last *First* *MI*

Current School: _____ School Year: ____-____

Last School: _____ School Year: ____-____

Parent/Guardian Name: _____
Last *First* *MI*

Address: _____
Street *City* *State* *Zip*

Home Phone ____-____-____ Work Phone ____-____-____ Cell Phone ____-____-____

PART B: Explain your disagreement(s) with MCPS concerning the identification, evaluation, educational placement of the student, or the provision of a free appropriate public education for the student for which you have requested an administrative review. Use additional sheet if necessary. The administrative review will be completed within 20 calendar days of receipt of the completed application.

PART C: Enclose any documents not already in the student's records that support your request.

I/we understand that anytime during, or after the administrative review process, a mediation and/or a due process hearing can be requested.

Signature(s): _____ Date: ____/____/____
Parent/Guardian/Eligible Student

_____ Date: ____/____/____
Parent/Guardian

PART D: For MCPS Only

Case No.	App. Rec'd.	20 days	Case Manager	Phone
	____/____/____	____/____/____		