

NEVADA DEPARTMENT OF EDUCATION

Model Form to Assist Parties in Filing a Notice of Insufficiency

Name
Address
Telephone Number

Date

Hearing Officer
Address

Dear ____ (*Hearing Officer*):

The purpose of this letter is to notify you of our belief that the Due Process Hearing Request filed on (*date of the receipt of the request for a hearing by the school district, if known*) regarding ____ (*name of child*), born on ____ (*birth date*) is insufficient as follows:

(Check the item(s) in the notice that you believe is/are insufficient and explain why.)

_____The name of the child, the address of the residence of the child¹, and/or the name of the school the child is attending;

_____The description of the problem relating to the proposed or refused initiation or change in the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education to the child;

_____The description of the facts relating to the problem, including when the problem occurred;

_____The proposed resolution of the problem to the extent known and available to the party at the time of the request.

Sincerely,

c: *Other party*

¹If the child is homeless, indicate whether the belief of insufficiency relates to the available contact information and the name of the school the child is attending.