Special Education Informal Review Request

Clear Form

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form 045-F01-E
November 2025

INSTRUCTIONS: To be completed by parent/guardian/eligible student. Submission of this form is required to initiate an informal review addressing disagreements with decisions made in the IEP process including: (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 the Maryland Procedural Safeguards, Section Resolving Disagreements for these processes. Return the completed application via US Mail to: Frederick County Public Schools (FCPS), 191 S East Street, Frederick, MD 21701 or email to SpecialEducation@fcps.org. If you have any questions about the completion of this form, please call the Department of Special Education: 240-586-8650

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 FCPS 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 informal review. Use additional sheet if necessary. The informal review meeting will be scheduled within 15 business days of receipt of the completed request. A written informal review response will be issued within 15 business days of the informal review meeting.

Do you require accommodations for participation in the informal review? ☐ YES ☐ NO If yes, explain:

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 informal 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 FCPS Only

Case No. | Date App. Rec'd. | 15 days | Case Manager | Phone