

## ADMINISTRATIVE COMPLAINT

Mail signed, completed form to: Secretary, VT Agency of Education, 1 National Life Drive, Davis 5,  
Montpelier, VT 05620-2501

### Complainant Information:

\*Name, First and Last: \_\_\_\_\_

\*Organization and Title, if applicable: \_\_\_\_\_

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

\*Tel: H (\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_ C (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Student Information:

\*Name, First and Last: \_\_\_\_\_

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

If Student is homeless, please provide contact information for Student. \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_ Has student received a diploma? \_\_\_\_

\*School of Attendance: \_\_\_\_\_

\*District of Residence: \_\_\_\_\_

Parent/Guardian Name, if applicable: \_\_\_\_\_

Parent/Guardian Address and Telephone Number, if different from Student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISCLAIMER: These forms were developed by Vermont Legal Aid, Inc. to provide guidance and support to parents in filing an administrative complaint on behalf of their child without a lawyer from Vermont Legal Aid, Inc. to help them (pro se litigant). This form, and any use of this form, does not form an attorney-client relationship. This form was developed and intended for use only in Vermont when filing an administrative complaint on the issues described in this document with the Vermont Agency of Education. Except for identified fillable fields, this form is locked from editing. An individual who uses these forms, either in their original format, or who makes any changes, agrees they are using the forms as a pro se litigant and are not represented by Vermont Legal Aid, Inc. A person who uses this form agrees and acknowledges the use of this form does not create an attorney-client relationship. Vermont Legal Aid, Inc., June 2021

**\*Disability (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Multiple Disabilities          |
| <input type="checkbox"/> Deaf                     | <input type="checkbox"/> Orthopedic Impairment          |
| <input type="checkbox"/> Deaf-Blindness           | <input type="checkbox"/> Specific Learning Disability   |
| <input type="checkbox"/> Developmental Delay      | <input type="checkbox"/> Speech or Language Impairment  |
| <input type="checkbox"/> Emotional Disturbance    | <input type="checkbox"/> Traumatic Brain Injury         |
| <input type="checkbox"/> Hard of Hearing          | <input type="checkbox"/> Visual Impairment              |
| <input type="checkbox"/> Learning Impairment      | <input type="checkbox"/> Other Health Impairment: _____ |

**Attorney or Advocate Information (if applicable):**

Name, First and Last: \_\_\_\_\_

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

Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Were the issue(s) identified below, the subject of a previous due process complaint, administrative complaint or mediation?  Yes  No

Are the issue(s) identified below, the subject of a current due process complaint, administrative complaint or mediation?  Yes  No

*Please note: If the issues raised in this complaint were the subject of a due process hearing, the hearing decision is final. If the issues raised in this complaint are the subject of a current due process complaint, the administrative complaint investigation will be set aside until the due process complaint is closed.*

Are you interested in receiving information about mediation, or would you like to request mediation, in an attempt to resolve the issues identified below? Please select one of the following:

- Yes, I would like to receive information on mediation.
- Yes, I would like to request mediation to attempt resolution of the issues identified below.
- No.

\*A copy of this request must be provided to the Special Education Coordinator or Superintendent for the School District. Please confirm that this has been done by checking the appropriate box and providing the date: A copy of this request was:  Mailed or  Delivered on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

**The copy was provided to:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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## COMPLAINT

### FACTS

### LEGAL SUPPORT

Under the Vermont Special Education Rules (VSER) and IDEA Implementing Regulations, when a parent asks for a comprehensive and individual initial special education evaluation, the district “shall within 15 calendar days, either: 1. Request parent consent to initiate the evaluation 2. Convene an Evaluation Planning Team (EPT) meeting 3. Provide written reasons for denial of the request. VSER 2362.2.1(b); 34 CFR §300.301. Initial evaluations must be completed, and report issued within 60 days of receiving parental consent. VSER 2362.2.1(c)(1). The completion of initial evaluation can **only** be delayed beyond 60 days for exceptional circumstances “**related to the student and/or family**, which shall be documented.” VSER 2362.2.1(d) (*emphasis added*). This means that evaluations can’t be delayed for reasons related to COVID-19 or, the approaching end of the school year. The 60 day time limit does not apply if the parent of a student fails or

refuses to make the student available for evaluation, or if the student moves to a new LEA. VSER 2362.2.1(f).

The U.S. Department of Education has not waived the 60 day initial evaluation timeline.<sup>1</sup> Although we are approaching the end of the school year, there is nothing in the IDEA or VSER that says the 60 day timeline for evaluations is suspended when the end, of the school year is approaching, or when the school year is over. has failed to provide my child with a timely initial special education evaluation.

### **REMEDY REQUESTS**

1. Immediately put supports, services, and accommodations in place under Section 504 to provide my child with supports and services while their special education evaluation is pending.
2. Without any further delay, within 30 days complete the initial special education evaluation and hold an EPT meeting to determine my child's eligibility for special education and related services.
3. If my child is eligible for special education and related services, provide services to compensate for the District's failure to timely evaluate my child.
4. Ensure that if my child is eligible for special education and related services, an appropriate IEP is in place, and all supports and services are available to my child on the first day of school.
5. Any other relief as deemed appropriate by the Secretary.

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<sup>1</sup> Vermont Agency of Education, *Considerations for Special Education Evaluations in a Remote or Hybrid Learning Environment*, July 28, 2020. <https://education.vermont.gov/sites/aoe/files/documents/edu-considerations-for-special-education-evaluations-in-a-remote-or-hybrid-learning-environment.pdf>, accessed on May 23, 2021.