

**Nassau County Department of Health
Preschool Special Education Program
Due Process Notification Form**

Date: _____

School District: _____

Name of who we can contact at the School District regarding this case: _____

Telephone number for contact person: _____

Students Name: _____

Attorney Representing School District: _____

Attorney Representing Child: _____

Date for Mediation: _____

Date for Impartial: _____

After completing the information requested above:

1. Place a call to the Nassau County Department of Health Preschool Special Education Program @ 227-8674 or 227-8653 to notify them that you are faxing this document and any other pertinent information.
2. Fax this form and any documents obtained from the parent or law firm to 227-8663.
3. If you have any questions about this process or this case please call Linda Rennie @ 227-8674 or Kris Anderson @ 227-8673.