

Request for Advisory Opinion

We request an advisory opinion regarding a disagreement in:

School District

We understand that both parties must agree to an opinion and we are not required to pursue an advisory opinion prior to a hearing.

Parent Signature

Date

School District Representative

Date

Two mutually agreeable dates for the advisory opinion.

Date

Date

Forward this completed form to:

CONNECTICUT STATE DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION
DUE PROCESS UNIT
450 Columbus Blvd., Suite 604
P.O. Box 2219,
Hartford, CT 06145-2219