

TEXAS EDUCATION AGENCY

SPECIAL EDUCATION DUE PROCESS HEARING QUESTIONNAIRE

The Texas Education Agency (TEA) is committed to working with parents and school districts to make the special education due process hearing system as effective and efficient as possible. As a party to a special education due process hearing, your input and feedback are important. Please take a few moments to complete and return this voluntary questionnaire.

PLEASE MAIL, FAX, OR EMAIL COMPLETED QUESTIONNAIRE TO:
Texas Education Agency, Office of Legal Services
 1701 N. Congress Avenue
 Austin, Texas 78701
 Email: Brittney.Salaiz@tea.texas.gov
 Fax: (512) 463-6027

Name of Hearing Officer: _____	
Date hearing was requested: _____	Date of final decision/resolution: _____
Parent/Parent representative: <input type="checkbox"/>	School district/District representative: <input type="checkbox"/>

Based on your experience, please respond to the following:

1.	Was a resolution session held after the hearing was requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
<i>If not, why?</i>						
2.	If a resolution session was held, was a settlement agreement reached as a result of the resolution session?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
3.	Was mediation attempted after the hearing was requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
<i>If not, why?</i>						
4.	If mediation was attempted, was a settlement agreement reached as a result of the mediation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
5.	How many days after the date the hearing was requested were you (or your attorney/representative) contacted by the hearing officer to schedule a prehearing conference?	<input type="checkbox"/> 1 day	<input type="checkbox"/> 2 days	<input type="checkbox"/> 3 days	<input type="checkbox"/> 4 days	<input type="checkbox"/> 5 or more days
6.	If you participated in the prehearing conference, do you feel it was helpful and effective in clarifying the issues to be addressed in the hearing?	<i>Not helpful</i> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<i>Very helpful</i> <input type="checkbox"/> 5

QUESTIONS 7 THROUGH 16 ONLY APPLY IF A HEARING WAS ACTUALLY HELD

7.	If your case went to hearing, how many days did the hearing last?	<input type="checkbox"/> 1 day or less	<input type="checkbox"/> 2 days	<input type="checkbox"/> 3 days	<input type="checkbox"/> 4 days	<input type="checkbox"/> 5 or more days
8.	Do you feel that the amount of time spent in the hearing was too little, about right, or too much?	<input type="checkbox"/> Too little	<input type="checkbox"/> About right	<input type="checkbox"/> Too much		
9.	Did the hearing officer conduct the hearing in a professional manner?	<i>Unprofessional</i> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Highly professional</i>

10.	Was the decision of the hearing officer fair and based on the evidence presented at the hearing?	<i>Unfair/not based on evidence</i>				<i>Fair/based on evidence</i>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11.	Was the decision of the hearing officer in your favor?	<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> In part
12.	How understandable was the hearing officer's written decision?	<i>Not understandable</i>				<i>Very understandable</i>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13.	Did the hearing process help or hinder the communications between the parties?	<i> Hindered greatly </i>				<i> Helped greatly </i>
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14.	If you incurred attorneys' fees in connection with the hearing, please indicate the amount of those fees.	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$1,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	<input type="checkbox"/> \$10,000 to \$20,000	<input type="checkbox"/> \$20,000 or more
15.	If you incurred expenses other than attorneys' fees in connection with the hearing, please indicate the amount of those expenses	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$1,000 to \$5,000	<input type="checkbox"/> \$5,000 to \$10,000	<input type="checkbox"/> \$10,000 to \$20,000	<input type="checkbox"/> \$20,000 or more
16.	Docket Number: _____ (Optional Response)					

If you have any suggestions for improving the hearing process or any additional comments regarding this questionnaire, please include them below or on additional pages.
