

CONSTITUENT CONCERN INSPECTION REQUEST FORM

Your Name[1]: _____ (This process does not protect the identity of the Constituent filing a CCI Request.)

Address: _____

Phone: _____

Date: _____

Superintendent of Public Instruction
Nevada Department of Education
700 E. Fifth Street
Carson City, NV 89701-5096

Dear Superintendent of Public Instruction:

I/we are submitting this form to request the Superintendent conduct an inspection of a provider of special education; for determination of compliance. (Provider is, a school within a school district or charter school that provides education or services to pupils with disabilities or other agency providing education or services to a pupil with a disability for a school district or charter school)

1. I/we believe that a provider of special education has violated a provision(s) of one or more of the following laws or regulations:

a. Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§ 1400 et seq. 34 C.F.R. Part 300);

YES _____ NO _____

b. NRS and/or NAC Chapter 388 (NRS §§388.417 to 388.525 and NAC §§388.001 to 388.450, inclusive), or the SB 213 provider of special education inspection process;

YES _____ NO _____; or

c. Other law or regulation governing the provision of education to pupils with disabilities in Nevada.

YES _____ NO _____

If yes, provide the citation or, at minimum, cite to the name of the law/regulation

(Check yes or no for items a through c. For item c provide the citation to the law/regulation or, at minimum the name of the law, if "Yes" is checked.)

2. Name of the provider of special education: _____

(This is the school or charter school or, if it is another provider of special education (or services) for a school district or charter school, the name of that entity.)

3. The facts supporting your belief that there has been a violation of special education law(s) and regulation(s). *(Be as specific as you can be to clearly identify the believed violation.)*

A. The believed violation(s):

(If available, you may, but are not required to, provide the specific provision of the IDEA or NRS/NAC for special education programs you believe has been violated.)

B. The facts relating to the violation, including when the date(s) the believed violation(s) occurred:

(Provide the facts, including the dates, that support your belief that the school, charter school or other provider of special education (or services) for a school district or charter school violated the laws and regulations governing the education of pupils with disabilities. If needed, attach additional sheets of paper. If the believed violation occurred more than one year before the date that the Request for Inspection will be received by the NDE, please indicate if this is a continuing violation and the basis for that belief.)

4. Your contact information: *(Complete parts A and B)*

A. If all contact information is provided above: Check here: _____

B. Additional contact information, such as email address, if any, and preferable mode of contact, if any: (Optional)_____

5. Alleged violation(s) concerning a specific child must also include the following:

A. Are you the parent of the child? YES_____ NO_____

6. Signature: _____
(Physical signature required. No electronic signature accepted at this time.)