

# 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 25 (0 \$ , / COMPLETED QUESTIONNAIRE TO:

Texas Education Agency, Office of Legal Services

1701 N. Congress Avenue

Austin, Texas 78701

( P D L [OULWWQH\6DODL](mailto:OULWWQH\6DODL) ) # WHD WH [ DV JRY

F D [:

10.	Was the decision of the hearing officer fair and based on the evidence presented at the hearing?	Unfair/not based on evidence			Fair/based on evidence	
		<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?	Not understandable			Very understandable	
		<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?	Hindered greatly			Helped greatly	
		<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.

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