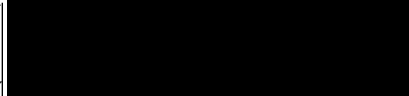

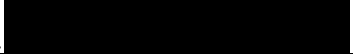



**Connecticut State Department of Education - Bureau of Special Education
Special Education Complaint Form**

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**State Department of Education
Bureau of Special Education
P.O. Box 2219 -- Room 364
Hartford, CT 06145-2219**

Date:* _____ Person/Agency filing the complaint: 

Address:  Phone: 
Glastonbury CT ^(street) 06033 Email:* 
(town) (state) (zip)

Parent's Name (if different):* _____ Phone:* _____

Child's Name _____ Date of Birth* _____
(last) (middle) (first)

Education Agency (school district)* Hartford

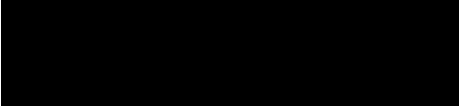
Name of School the Child Attends  Disability Category* various

Child's Address: Attached List
(street)

(town) (state) (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

As a long term substitute, I was assigned the attached list of 6th grade students who had ELA and Math goals and objectives on their IEPs. I was only allowed to see six students for ELA and none for math due to the push in schedule.

Signature of Complainant 

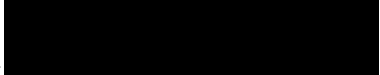

*Information requested is optional

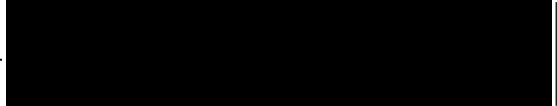
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P.O. Box 2219 - Room 364
Hartford, CT 06145-2219**

Date:* 6/12/14 Person/Agency filing the complaint: 

Address:  Phone: 

Glastonbury CT 06033 Email:* 
(town) (state) (zip)

Parent's Name (if different):* _____ Phone:* _____

Child's Name _____ Date of Birth* _____
(last) (middle) (first)

Education Agency (school district)* Hartford

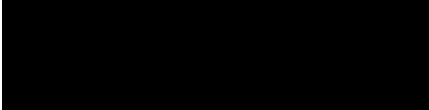
Name of School the Child Attends _____ Disability Category* LD/OHI/SLD

Child's Address: Attached list see list
(street)

(town) (state) (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

From July 8th - Sept 2013, we were short staffed and no special education teacher was assigned to 7th, 8th, and 9th grade. Student hours were not met and IEPs were not implemented.

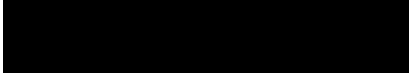
Signature of Complainant 

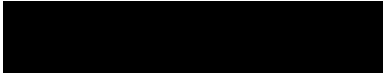
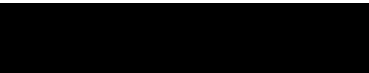
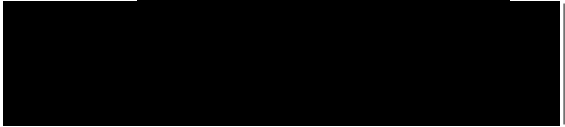
*Information requested is optional

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**State Department of Education
Bureau of Special Education
P.O. Box 2219 - Room 364
Hartford, CT 06145-2219**

Date: * 6/12/14 Person/Agency filing the complaint: 

Address:  Phone: 
Glastonbury CT 06033 Email: * 
(town) (state) (zip)

Parent's Name (if different): * _____ Phone: * _____

Child's Name _____ Date of Birth * _____
(last) (middle) (first)

Education Agency (school district) * Hartford

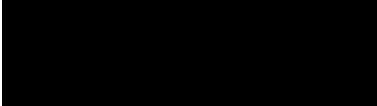
Name of School the Child Attend  Disability Category * LD/OH/SLD

Child's Address: Attached list (approx imately 70 students)
(street)

(town) (state) (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

The attached email indicates special education teachers could only push in. We had no resource room and told we could not pull out students who had pull out/resource room listed on page 11 and any hours did not receive pull out instruction.

Signature of Complainant 

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**State Department of Education
Bureau of Special Education
P.O. Box 2219 – Room 364
Hartford, CT 06145-2219**

Date:* 6/12/14 Person/Agency filing the complaint: [Redacted]

Address: [Redacted] Phone: [Redacted]
Glastonbury CT (street) 06033 Email:* [Redacted]
(town) (state) (zip)

Parent's Name (if different):* [Redacted] Phone:* [Redacted]
Child's Name [Redacted] Date of Birth: [Redacted]

Education Agency (school district)* Hartford

Name of School the Child Attend: [Redacted] Disability Category* LD

Child's Address: [Redacted] (street)
Hartford CT 06112
(town) (state) (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

[Redacted] is a 7th grade student retained in 6th grade math class with Mr. Raymond Lynch, named as service implementer. Page 8 and 11 require pullout and specific teaching strategies. [Redacted] math instruction solely of sitting at the computer using IXL math software. She was not integrated into 6th grade math class

Signature of Complainant [Redacted]

*Information requested is optional