

STATE OF WASHINGTON
OFFICE OF ADMINISTRATIVE HEARINGS
FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION

IN THE MATTER OF

OSPI CAUSE NO.

OAH DOCKET NO.

NAME OF DISTRICT SCHOOL DISTRICT

PARENT/DISTRICT'S WITNESS LIST

The *Parent/District* hereby lists the following known or potential witnesses for the hearing in the above-referenced matter currently scheduled for *Hearing Dates*.

1. *Name of witness, title, address if applicable, phone number if applicable. Summarize what witness #1 will testify about.*
*[i.e. **Jane Doe**, special education teacher, Washington State School, 123 4th Ave SW, City in Washington, WA 99999. Ms. Doe is a special education teacher and case manager for Student and a participating member of Student's Individualized Education Program (IEP) teams for the 20XX-20XX and 20XX-20XX school years. Ms. Doe will testify regarding her work with Student; Student's progress; Student's IEP team meetings during the 20XX-20XX and 20XX-20XX school years; communications with Students and Parents; and other related matters.]*
2. *Name of witness, title, address if applicable, phone number if applicable. Summarize what witness #2 will testify about.*
*[i.e. **Mother**. Mother will testify regarding Student; Student's records; Student's progress and educational needs; communications with District staff and private education and therapeutic providers and/or evaluators; and other related matters.]*
3. *Name of witness, title, address if applicable, phone number if applicable. Summarize what witness #3 will testify about.*

. . . . [List all potential witnesses.]

The *Parent/District* reserves the right to call additional witnesses in response to *District/Parent's presentation in this matter*.

Dated this _____ day of _____, 2017.

/s/

By: *Name of person submitting document*
Title

CERTIFICATE OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington that I sent the *Parent/District's* Witness List to the following:

Sent Via Facsimile/Email/U.S. Mail

Name

Mailing Address

Email Address if applicable

Fax No. if applicable

Sent Via Facsimile/Email/U.S. Mail

Name

Mailing Address

Email Address if applicable

Fax No. if applicable

DATED this _____ day of _____, 2017.

/s/

By: *Name, Title*