STATE OF WASHINGTON

OFFICE OF ADMINISTRATIVE HEARINGS

FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION

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| IN THE MATTER OF    *NAME OF DISTRICT* SCHOOL DISTRICT | OSPI CAUSE NO.  OAH DOCKET NO.  ***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.]*

1. *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.*

1. *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:

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| *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*