

# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Special Education Hearings Division

In the Matter of						
Student Last Name,	Student First Name	Case No.				

# PARENT'S WITNESS LIST

Witness Name	Relationship to Student	Topic(s) of Testimony	Contact Information	Estimated Length of Testimony

# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Special Education Hearings Division

#### <u>Instructions – Witness List</u>

A Witness List is a document where you list all the witnesses you want to use at your Due Process Hearing.

Including a witness on this list does not mean that you will automatically be allowed to use them during the hearing. The other side may object to a particular witness. Your Impartial Hearing Officer (IHO) may limit which witnesses you may use. Be ready to explain why each witness is relevant or important to your case.

Follow these instructions to fill in your Witness List:

### Heading

In the boxes below "In the Matter of" enter the student's name in this order: Last, First. On the right-hand side, fill in your 6-digit case number.

#### Witness Name

In this column, enter the witness's first and last name. Include their title if they have one. For example, "Dr. Jane Smith."

#### **Relationship to Student**

In this column, describe how the witness knows the student or is related to your case. For example, you might want to list:

- The individual's title (Neuropsychologist, Teacher, etc.)
- Where they work (Principal of P.S. 13, School Psychologist, Private Speech Therapist, etc.)
- The school year(s) that they were involved with the student (5<sup>th</sup> grade Teacher; 2019-20 Occupational therapist)

#### **Topic(s) of Testimony**

In this column, list the topics the witness will testify about. Your description can be short. Be sure to provide enough information for the IHO to understand whether the witness's testimony is relevant to your case and whether their information will be duplicative (the same as) information from other witnesses. See the samples below for examples of how to fill out this section.

#### **Contact Information**

In this column, enter the witness's phone number, email address, and address of the witness. If you do not know the information, ask your witness. Then, enter as much information as you can.



# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Special Education Hearings Division

# **Estimated Length of Testimony**

In this column, enter the amount of time you think you will need to ask each witness questions. You do not need to estimate how long the other side will "cross examine" the witness. Enter the amount of time in minutes.

### Sample

Below is a sample exhibit list you can use as a guide.

\*\*\*

## **SAMPLE WITNESS LIST**

Witness Name	Relationship to Student	Topic(s) of Testimony	Contact Information	Estimated Length of Testimony
Patty Plaintiff	Mother	<ul> <li>Student's special education history</li> <li>IEP meetings</li> <li>Communication with school</li> <li>Parent's concerns</li> </ul>	5 Boroughs St. New York, NY 10000 Patty@internet.com	90 minutes
Tina Teacher	ELA Teacher 2020- 2021	<ul> <li>Knowledge of student's needs</li> <li>Implementation reading programs</li> <li>Recommendations</li> </ul>	123 New Amsterdam St. New York, NY 10000 Tina@ELAteacher.com 212-555-5555	60 minutes
Evelyn Evaluator	Neuropsychologist	<ul> <li>Knowledge of student's needs</li> <li>2021 Neuropsychological Evaluation</li> </ul>	1625 Big Apple Ave. New York, NY 10000 Eveyln@evals.com 646-555-5555	45 minutes