

PARENT REQUEST FOR INDEPENDENT EVALUATION (IEE)

Student Name: _____

School: _____

Parent(s) Name, Address, Phone Number, email:

Do you disagree with an evaluation conducted by the school district? _____ Yes _____ No

If yes, please explain:

What kind of independent evaluation do you wish to be done or in what area(s) do you wish for your child to be evaluated?

Please submit this request to your child's case manager. Your case manager will respond to your request without unnecessary delay and will either agree to fund the evaluation or will initiate a due process hearing to show the appropriateness of the Child Study Team's own evaluation or to prove that the IEE requested does not meet applicable criteria. Your case manager will furnish a list of providers and a *CST and Independent Evaluation Providers Rate List* showing the established maximum allowable cost for each type of evaluation. If you wish to use a provider who is not on the list, the District may fund the evaluation up to the maximum allowable cost. You would be responsible for costs incurred beyond this amount. Additionally, the Independent Evaluator you have chosen must adhere to District regulations for providing Independent Evaluations.

Has the student ever been seen or is seeing the provider for services _____ Yes _____ No

Parent Signature: _____

Date: _____

Date received by the case manager/designee _____