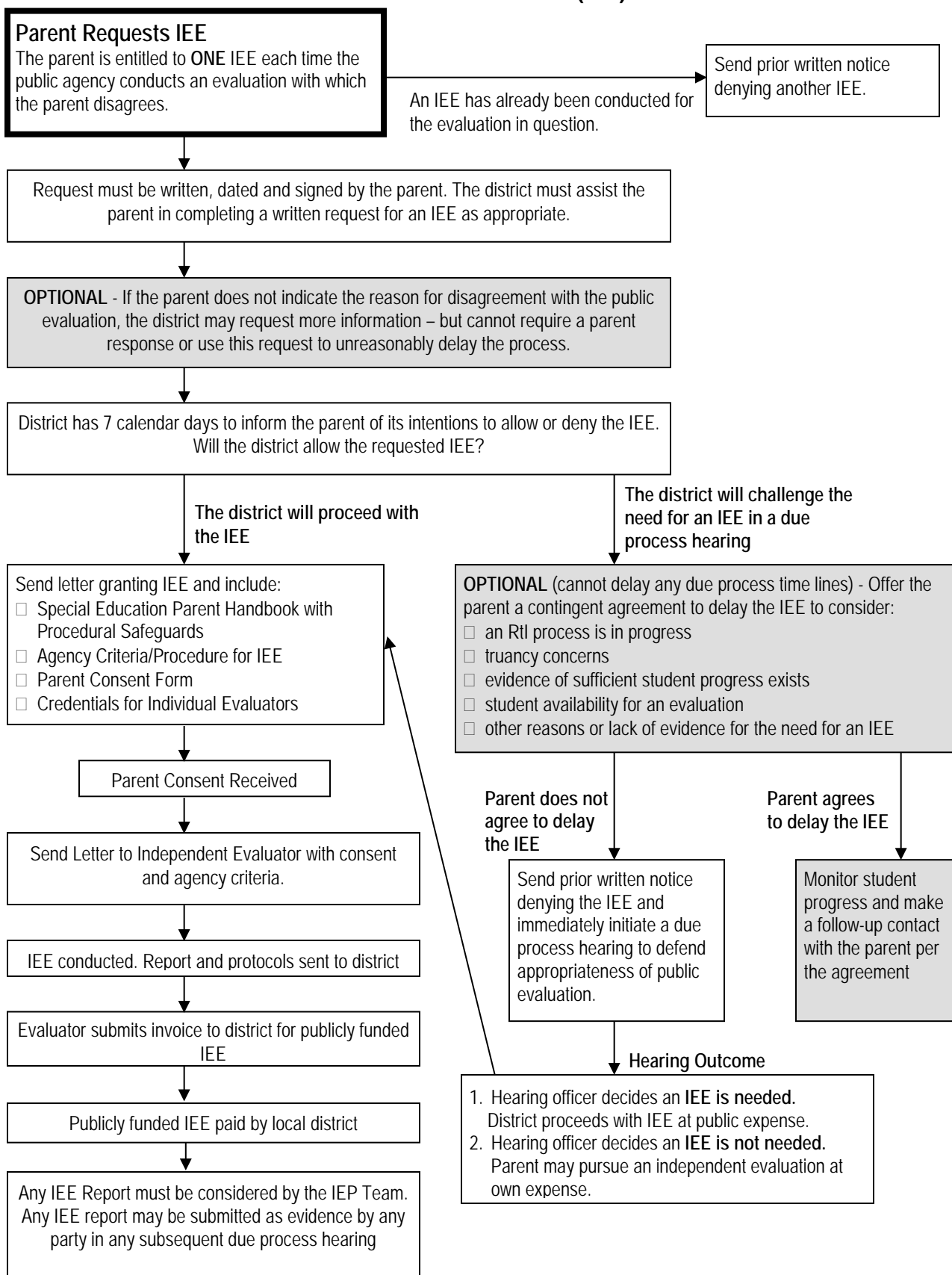


INDEPENDENT EDUCATIONAL EVALUATION (IEE) PROCESS



REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE)

Student Name: _____ D.O.B.: _____

As the parent/guardian of the child identified above, I/we request an independent educational evaluation (IEE) at public expense for my/our child. This request is made because I/we disagree with the following evaluation(s) completed by the district:

I/we disagree with evaluation(s) listed above because:

I understand the district will respond within seven (7) calendar days to this request.

Signature: _____ Date: _____

PLEASE RETURN FORM TO:

Name, Title, Address and Phone Number of District Contact Person

.....

For District Use Only

Date Request Received by District Administrator: _____

Received by: _____

**FOLLOW-UP LETTER TO PARENT REGARDING REQUEST FOR INDEPENDENT
EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE**

Date: _____

To: _____

RE: Request for Independent Educational Evaluation (IEE) for: _____

Dear _____:

I received your request for an independent educational evaluation (IEE) for _____
on _____.

For the district to make a decision whether to grant your request for an independent educational evaluation (IEE), it would be helpful to know what exactly you disagree with in the district's evaluation(s), what evaluation issues you plan to address in the independent educational evaluation and who would be conducting the independent educational evaluation.

While the provision of this information is voluntary on your part, we would appreciate your cooperation in providing responses to these questions by _____. We will then be in a much better position to decide if we will grant your request for an independent educational evaluation (IEE).

Please send your response by the date above to:

Thank you for your assistance and cooperation in this matter.

Sincerely,

LETTER TO PARENT GRANTING REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE

Date: _____

TO: _____

RE: Request for Independent Educational Evaluation (IEE) – for: _____

Dear _____:

This letter is in response to your request for an independent educational evaluation (IEE) at public expense for _____.

The school district believes that the district's evaluation(s) is/are appropriate and in accordance with Michigan Administrative Rules for Special Education, specifically R 340.1721a. However, in an effort to resolve this matter without resorting to a due process hearing, the school district will agree to pay for an IEE under the conditions set forth in the enclosed Criteria and Procedures for Independent Educational Evaluations (IEEs). When all of the conditions in the enclosed criteria have been met, the school district will process payment for reimbursement of that portion of the IEE which is directly related to the eligibility and/or present level of educational performance of the student.

If any of the conditions listed are not met, you still have the right to obtain an independent evaluation but at your own expense. Therefore, if you or the evaluator that you have chosen has any questions about the IEE process, please contact me immediately. In addition, any evaluation obtained at your own expense shall be considered by the IEP Team in accordance with 34 CFR § 300.502(c) of the regulations of Individuals with Disabilities Education Act (IDEA).

A list of suggested sources from which an IEE may be obtained is also enclosed. You are not restricted to choosing an evaluator from this list. However, you should consider whether the independent evaluator you choose has the credentials required by the district for conducting the evaluation you desire. Once the IEE has been completed, an IEP Team meeting will be convened to consider the results of the IEE.

When you have selected an independent evaluator, please notify us by completing the enclosed consent form and returning it to me. If you or your independent evaluator have any questions regarding the enclosed criteria/procedures or the IEE process in general, please feel free to contact me.

Sincerely,

Enclosures

CRITERIA AND PROCEDURES FOR INDEPENDENT EDUCATIONAL EVALUATIONS (IEE) AT PUBLIC EXPENSE

The _____ School District establishes the following criteria and procedures for an independent educational evaluation (IEE) at public expense.

1. The parent shall submit a signed and dated written statement of disagreement with the district's evaluation and request for independent educational evaluation (IEE) at public expense. To assist the district in making its decision whether to grant a request for IEE, the parent is asked, but is not mandated, to provide the reasons why he/she disagrees with the district's evaluation(s). A request for independent educational evaluation (IEE) form is available from the Special Education office.
2. An independent educational evaluation shall mean an evaluation conducted by a qualified examiner or examiners who are not employed by the school district or have had a prior relationship with the parent(s) or student. The contracted agent for the purpose of conducting an independent educational evaluation is not considered an employee of the school district.
3. The school district shall inform the parent if the proposed independent evaluator provides services to the district in addition to the independent educational evaluation. An independent educational evaluation shall not be conducted by an independent evaluator who otherwise or regularly contracts with the school district to provide services, unless the evaluator is agreeable to the parent.
4. The independent evaluator must be knowledgeable in the area of suspected disability and shall possess credentials (license, approval, certificate, or other comparable credential) which are the same, equivalent, or superior to those required by the district for special education evaluations.
5. Unless unique circumstances otherwise justify an exception, the independent evaluator shall perform the independent educational evaluation within 200 miles of the school district.
6. A list of suggested sources from which an independent educational evaluation may be obtained will be provided to the parent upon receipt of a request for an independent educational evaluation (IEE). The parent is not restricted to choosing an independent evaluator from this list.
7. When the independent evaluator is selected and prior to the evaluation, the parent shall submit to the district the name, address, and credentials of the independent evaluator and completes a Parent Consent for the Independent Educational Evaluation Form. The district will notify the evaluator that the parent has selected him/her to conduct an independent educational evaluation and provide the evaluator with a copy of the District's Criteria for Independent Educational Evaluation to ensure the evaluator's compliance.
8. The independent educational evaluation shall be in compliance with the provisions of the Michigan Administrative Rules for Special Education, (R340.1721a and R340.1723c) and the Federal Rules, (34 CFR 300.300-311, 300.500, 300.502.)
9. The IEE shall be completed preferably within 30 school days of the district's grant for an IEE, unless another time line is mutually agreed upon among the parent, district, and independent evaluator.
10. The IEE report shall include:
 - a. information drawn from a variety of sources, including parent input, teacher input, academic and achievement testing; a review of school records, or other sources as required by law or appropriately needed to complete a multidisciplinary evaluation as described in 8 above;
 - b. information needed to address the standards for eligibility and/or need for related service; and

- c. educational data which identifies the student's present level of academic achievement and functional performance.
11. The independent evaluator shall submit a signed copy of his/her report, along with a copy of any testing protocols and notes and should indicate whether the student met eligibility criteria and the test/procedure results that support that conclusion; and/or the present level of educational performance of the student with the test/procedure results that support that conclusion. The report and protocols must be submitted to:
-
12. The reasonable expected cost of the independent educational evaluation is \$3,200.00. In unique circumstances, an independent educational evaluation may exceed this amount, however, written prior approval of the superintendent is required. Failure to obtain written prior approval to exceed the reasonable expected cost will result in non-payment by the district of the excess cost, if the evaluation is otherwise appropriate. Any arrangements beyond the evaluation (such as food, lodging, and transportation) are not covered in the cost of the independent evaluation.
13. An invoice from the independent evaluator shall be promptly submitted with the report to the district. The invoice shall indicate the portion(s) of the cost of the evaluation:
- a. directly related to the standards for eligibility;
 - b. directly related to the student's present level of academic achievement and functional performance;
 - c. not covered by third party (e.g., insurance or other coverage) payments.
- Any costs to the parents that result from the district's use of third party payments for a publicly funded IEE, such as co-pays, payment of deductibles, increased premiums, deletion of life-time caps, will be reimbursed by the district. The district will process payment of the reimbursement for the IEE to the evaluator or parent upon receipt of the IEE report, protocols, and invoice; and a determination that the IEE is in accordance with the district's criteria and therefore an appropriate public expense.
14. Any IEE that fails to meet the above conditions will not be eligible for payment at public expense. The parent and/or independent evaluator will be notified if any of the conditions listed above are not met. In those instances, the parent still has the right to obtain an IEE at his/her own expense.
15. Evaluations appropriately conducted by a qualified evaluator will be considered by the district at an Individualized Education Program (IEP) Team meeting in accordance with the Michigan Revised Administrative Rules for Special Education, and may be submitted by any party to a due process hearing.

PARENT CONSENT FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE)

Student's Name: _____ D.O.B.: _____

I/we have been informed of my/our rights to an independent educational evaluation and have received a copy of the _____ District's Criteria and Procedures for Independent Educational Evaluation (IEE). I/we consent to an independent educational evaluation (IEE) to be conducted by the individual named below. I/we consent to the district providing this individual access to the complete educational record of _____ and consent to the release of the evaluation report, test protocols and notes to the school district.

(Name of Independent Evaluator)

(Title)

(Address)

(City, State and Zip Code)

(Phone Number)

Please attach a copy of the evaluator's license, certificate, approval or a brief statement of the evaluator's credentials.

Date

(Signature of Parent/Guardian)

CREDENTIALS FOR INDEPENDENT EVALUATORS

The independent evaluator(s) must possess credentials which are the same, equivalent or superior to those credentials required of public school employees. Those credentials are as follows:

EXAMINER	LICENSE, CERTIFICATE, APPROVAL, REGISTRATION REQUIRED
School Psychologist	MDE Certification
Psychologist	Fully Licensed Psychologist by the State of Michigan
School Social Worker	MDE Approval, Licensed by the State of Michigan
Teacher of the Speech and Language Impaired	MDE Certification
Speech Pathologist	Licensed by the State of Michigan, Certified by the American Speech-Language-Hearing Association (ASHA)
Occupational Therapist	Registration with the American Occupational Therapy Association and State of Michigan
Physical Therapist	Licensed by the State of Michigan
Audiologist	Licensed by the State of Michigan
Orientation & Mobility Specialist	Certified by the Association for the Education & Rehabilitation of the Visually Impaired
School Nurse	MDE Certification, Registered with State of Michigan

Other types of evaluators must meet criteria or licensing as established by their professions. These may include but are not limited to: psychiatrist, neurologist, orthopedic surgeon, internist, pediatrician, ophthalmologist, optometrist, otolaryngologist, and otologist.

LETTER TO INDEPENDENT EVALUATOR

Date: _____

TO: _____

RE: Independent Educational Evaluation (IEE) – for: _____

Dear _____:

You have been selected to conduct an independent educational evaluation of _____, for the _____ School District. Enclosed for your review is the Parent Consent for an Independent Educational Evaluation (IEE) and the District's Criteria and Procedures for Independent Educational Evaluation (IEE). This criterion sets forth the conditions that must be met in order for your evaluation to be paid by the school district.

Should you have any questions regarding your evaluation or these criteria, please feel free to contact me. In addition, should you need access to the student's education records, teachers or service provider or wish to do a classroom observation, please let me know.

We look forward to working with you on this evaluation.

Sincerely,

Enclosures – Parent consent, Criteria for IEE