
Parent's/Guardian's Name

Address

Contact Information

Principal's Name

School Name

School Address

Request for Independent Education Evaluation (IEE)

I am the parent of _____, whose date of birth is _____
[If applicable: My child's language is _____. My language is _____.
Accordingly, I request that: my child be evaluated in their native language
and/or I receive interpretation and translation services.]

I am requesting that the school district agree to pay for an independent educational evaluation of my child for the following reasons. I disagree with the school's evaluation because _____.

I am sharing this information because I want to make sure that this and future evaluations address my concerns.

My child needs the following type(s) of evaluation(s) or assessments for the following issues, including behavioral and/or mental health needs: _____.

Please forward to me the criteria that the school district uses to select its evaluators for this type of evaluation and share the list of independent evaluators the school district typically uses. I specifically request that the school select someone who I culturally competent to evaluate my child. I understand that I can pick someone else in this area who meets the school district's criteria even if that person is not on the list.

Please contact me at your earliest convenience to let me know whether the school district will pay for the requested independent evaluation(s). I understand that if the school district turns down my request, it must immediately arrange for a Special Education Hearing. If you choose to pursue a Hearing, please notify me when the school district will file a complaint with the Office for Dispute Resolution requesting that a Hearing be scheduled, and when the resolution session will be convened.

Should you have any questions or problems with this request, please contact me at the following number(s) _____ or by e-mail at _____.

Sincerely, _____

Cc: Director of Special Education _____

Main Classroom Teacher _____