



**Onslow County Schools
Request for Independent Educational Evaluation (I.E.E.)**

*** Please fill out one form per evaluation requested ***

Date of Request ____/____/____

Student Information

Last Name: _____ First Name: _____

Grade Level: _____ School: _____

Parent Information

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Evaluation Information

Date Contested Evaluation was Completed: _____/_____/_____

OCS Evaluation Completed (i.e. Educational Testing): _____

Optional Information

To assist OCS in considering your request, we ask that you describe the reasons why you disagree with the District's evaluation. You are not required to answer this question, and whether you answer or not will have no impact on whether your request for an IEE is granted.

If you have already identified an evaluator you would like to propose, please provide the name. _____

Please submit this request form to the OCS EC Director for consideration.