

**Onslow County Schools
Parent Acknowledgment and Consent to Independent Educational Evaluation (I.E.E.)**

I, _____, acknowledge that I am the parent and/or legal guardian of
Parent's Name

Onslow County Schools' student _____, and that I have requested
Student's Name

an Independent Educational Evaluation ("IEE") for this student pursuant to **Policies Governing**

Services for Children with Disabilities (NC 1504 - 1.3). I have been provided with a copy of the

district's guidelines under which an IEE may be obtained. Through my signature below, I give my

permission for _____ to conduct an IEE, to include the following evaluations:
Evaluator's Name

List all evaluations to be conducted by evaluator named above

My consent for an independent educational evaluation includes permission for the school and the evaluator to share records and information with one another regarding my child (such as grades, attendance, work samples, progress monitoring data, assessments, etc.) and other information that the evaluator may need in order to complete the evaluation, and to allow for an observation(s) as required for the evaluation.

I understand that my request for an IEE is not considered complete until this Consent is submitted to the OCS EC Director.

Parent/guardian Signature

Date

Please submit this form to the OCS EC Director after the selection of the evaluator.