



**REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION**

|                         |                                    |       |        |          |                 |
|-------------------------|------------------------------------|-------|--------|----------|-----------------|
| Student name            | DOB                                | Grade | School | IEP date | Phone #:<br>(H) |
| Name of parent/guardian | Address (street, city, state, zip) |       |        |          | (W)<br>(Cell)   |

**I. Parent(s)/Guardian(s) Right to an Independent Educational Evaluation at Public Expense**

Parent(s)/guardian(s) of a student with a disability have a right to obtain an independent educational evaluation (IEE) if they disagree with the District’s evaluation. An IEE is a publicly funded evaluation conducted by a qualified examiner who is not employed by the District. Publicly funded means that the District either pays for the full evaluation or ensures that the evaluation is otherwise provided at no cost to the parent. Educational evaluation means procedures to determine whether the student:

- has a disability, as defined by the Individual Disabilities Education Act (IDEA);
- is eligible for special education; and,
- if eligible, the nature and extent of special education and related services that are required.

To qualify as a publicly funded IEE, the District must receive the request within one year from the date of the contested District evaluation. The District will consider requests after this time period if unique circumstances exist.

**II. Parent(s)/Guardian(s) Request [please attach additional pages if necessary]**

**Required**

We request an IEE for our child in the following area(s):

**Optional**

Reason(s) for the IEE request:

- We would like assistance in identifying an independent evaluator.
- We request that the following agency(ies)/individual(s) conduct the evaluation(s).

|                         |  |
|-------------------------|--|
| <b>Evaluator</b>        |  |
| <b>Title/Licensure</b>  |  |
| <b>Agency</b>           |  |
| <b>Address</b>          |  |
| <b>Email Address</b>    |  |
| <b>Phone Contact(s)</b> |  |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Return the completed form to:  
Special Education Office  
131 E. Washington St., Suite 1A  
Appleton, WI 54911  
(920) 852-5322***

**III. District Response to Parent Request for Publicly Funded IEE**

- Approve this IEE request.
- Offer to meet and resolve the issues regarding this IEE request.
- Deny the request for the following reason(s):
  - Initiated a due process hearing under Sec.300.507
  - Determined that the requested evaluation does not constitute an IEE eligible for public funding
  - The agency(ies)/individual(s) is not qualified to conduct the evaluation(s).
  - Other

Comments/Rationale:

\_\_\_\_\_  
Director of Special Education/Student Services

\_\_\_\_\_  
Date Receipt of IEE Request

\_\_\_\_\_  
Date Response to Parent/Guardian

Enclosed: Independent Educational Evaluation Policy  
Independent Evaluators Listing  
Parent and Child Rights in Special Education

cc: Special Education Coordinator  
Student behavioral file