**INSTRUCTIONS/NOTES**

**REGARDING A REQUEST FOR**

**INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE**

**REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE**

If you disagree with any completed school district evaluation(s), and believe your child needs an objective “2nd opinion,” you have the right to request an “Independent Educational Evaluation (IEE) at public expense.” This means that you request that the school district to pay for an independent, qualified examiner to conduct an evaluation in the same area of evaluation that the school district completed, but that you disagree with.

You have the option to explain why you think this is necessary, and the district may ask you, but you are not required to say why. You are not required to come to a meeting to say why, either. However, it can further understanding to say why. It may serve to explain some of your position upfront, if the problem goes to a Due Process hearing. If you do not say why, the district cannot use this to delay responding to your IEE request.

Some reasons why an IEE may be necessary, for example:

* District staff was not sufficiently or appropriately qualified to perform their evaluation.
* The evaluation was not sufficiently comprehensive to determine the needs of your child.
* The evaluation was rushed.
* Another child’s name or gender is used in the evaluation report instead of your child.
* Critical areas of suspected disability, or critical sub-tests in areas of concern for your child, were left out of the evaluation.
* Testing tools selected were not appropriate to your child’s needs.
* The mode of communication of your child uses/needs was not provided in testing.
* School district results are at odds with other testing done on your child, so clarification is needed.
* District relied on insufficient testing when it made recommendations at the IEP meeting.
* Testing protocols (strict rules the test publisher requires to ensure validity) were not followed.
* Testing findings did not result in meaningful recommendations to meet your child’s needs.
* Your child did not qualify for special education eligibility, or was exited from special education, and you believe the evaluations do not support this conclusion.

When you request an IEE, the school district can respond in only 2 ways:

1. Grant the parent request for IEE and set up a process for payment.
2. File for a Due Process hearing to prove to an Administrative Law Judge (ALJ) at the CA Office of Administrative Hearing (OAH) that the school district evaluation(s) were appropriate.

If the District refuses the IEE request, it bears the burden of proof at Due Process since they are the party who is required to file to defend the evaluation(s) with which the parent disagreed. The ALJ, decides whether the district must pay for the IEE, based on the evidence presented.

A parent does not need to choose an evaluator from a school district list. However, a school district may need to know more about evaluator(s) you select, in order to determine whether he/she meets the qualifications to administer the IEEs. If an evaluator the parent selects does not meet district criteria, parents must be given full opportunity to explain/request why this person, with this particular expertise is necessary to conduct the IEE. Determinations must be made on an individualized, case-by-case, basis.

Submit a WRITTEN LETTER to the school district Special Education Director. You may copy (cc) the Program Specialist, Principal, teacher, or others involved with your child’s education, as necessary.

Get PROOF of the letter’s delivery:

* Consider sending the IEE letter “certified return/receipt requested” from the post office.
* Or hand-deliver the IEE letter and ask that your letter be date-stamped and a copy of this provided to you before you leave, as a receipt.
* Or fax your letter and print your “successful transmission” fax report. Then follow up by phone to be sure all pages were received. Write down who said they received all pages of your fax.
* If you deliver an IEE letter in an IEP meeting, be sure the IEP notes reflect that you requested an IEE, and for disagreement with what school district evaluations.

For more information on IEEs, see:

ED.GOV – U.S. Department of Education: [http://idea.ed.gov/explore/view/p/,root,regs,300,E,300%252E502](http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CE%2C300%252E502),

Disability Rights CA - How to Obtain an Independent Educational Evaluation at Public Expense

<http://www.disabilityrightsca.org/pubs/547601.htm>

<http://www.disabilityrightsca.org/pubs/547601.pdf>
Updated June 2009, #5476.01

**SAMPLE LETTER BELOW TO TAILOR TO YOUR NEEDS**

**#**

**REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Information: \_\_\_ by FAX (number used) (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ by Registered/Certified Mail

\_\_\_\_ Delivered In Person (receipt obtained)

From: Parent/Caregiver(s) name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Best Day phone number(s): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Special Education Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
District Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
District Contact Email (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE:  Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student’s Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Director of Special Education:

I/We are requesting Independent Educational Evaluation(s) (IEE) at public expense for our child (named above). We understand that IEEs are to be provided at no charge, according to state and federal law.

**Below, we/I have checked the evaluations/assessments that the school district COMPLETED that we disagree with, and for which we request IEE(s).** We/I believe the evaluations were not comprehensive and/or appropriate to determine the unique needs of this student. We/I request IEEs at public expense with appropriately qualified examiners who meet district criteria, and with the understanding that requests for qualified examiners outside or exceeding district criteria, shall be considered and determined on an individualized, case by case basis, and may include qualified medical providers for diagnostic purposes.

\_\_\_\_\_ Academic Achievement

\_\_\_\_\_ Psychological / Psycho-Educational

\_\_\_\_\_ [Speech/Language](http://concordspedpac.org/TypesEvals.html#Speech-Lang)/Communication  (SLP)

\_\_\_\_\_ Gross Motor - Physical Therapy (PT)

\_\_\_\_\_ Fine Motor/Sensory - Occupational Therapy (OT)

\_\_\_\_\_ Health

\_\_\_\_\_ Functional Behavioral Assessment (FBA)

\_\_\_\_\_ Adaptive Physical Education (APE)

\_\_\_\_\_ Assistive Technology (AT)

­­­­\_\_\_\_\_ Alternative/Augmentative Communication (AAC)

\_\_\_\_\_ Orientation and Mobility (OMB)

\_\_\_\_\_ Educationally Related Mental Health (ERMS)

\_\_\_\_\_ Vision (VI)

\_\_\_\_\_ Hearing

\_\_\_\_\_ Transition-to-Adulthood Skills –

Independent Living, Post-secondary Education/Training, Vocational

\_\_\_\_\_ Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If known at this time) We/I have selected the following qualified evaluator(s) to complete the above requested IEEs and request that the District provide contract(s) to authorize payment for IEE examinations without delay.

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(If unknown at this time) We/I will inform the District later which evaluator(s) we/I have selected.

We/I understand that the District may ask the parent/Educational Rights holder for an explanation of their disagreement, but that it is not required under the IEE process to provide an explanation. If we/I include some explanation below, this is provided to further understanding and to help us work together toward resolution. We/I understand that if we/I do not include an explanation, that this may not delay the IEE process.

**(Optional)** Reasons why District assessment(s) were not appropriate to identify my child’s unique needs and necessary specialized instruction and related services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We/I request that INDEPENDENT EVALUATION AT SCHOOL DISTRICT EXPENSE include but not be limited to payment for any expenses and fees associated with completing the IEE(s), such as: testing; interviews; observations; interpretation and translation for non-English speakers and/or other alternative means of communication necessary for those who necessary to evaluation (such as, individuals with blindness, hearing impairment, or who communicate with AT/AAC), report writing, and attendance of the evaluator at any IEP Team meeting where the IEE results will be discussed.

We/I look forward to receiving a response to the IEE request without unnecessary delay. We/I understand that the school district, when approving an IEE request, shall provide a list of qualified assessors/examiners for selected IEE evaluations, and district IEE criteria. We/I understand that parents are not required to select evaluators from a district list of providers, so long as examiners selected by parents are qualified and meet IEE criteria ­-- provided that District criteria are not so restrictive as to result in preventing the parent from exercising their right to IEEs and that determination of evaluators must be made on an individualized, case-by-case basis. We/I understand that refusal or approval by the district requires provision of Prior Written Notice that meets the requirements of IDEA. We/I understand that if the district refuses the IEE request including selected evaluators that the district is required to file for a Due Process Hearing without unnecessary or unreasonable delay.

We understand that the independent evaluators will forward the completed evaluation report to the school district since the district is paying for the IEEs, that the district will schedule an IEP Team meeting to discuss the results of the IEEs, and that any IEE evaluation must be considered in any future decisions about my child and his/her educational needs.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Signature Date

Copies (cc) to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_