INDEPENDENT EDUCATIONAL EVALUATION (IEE) PROCESS

**Parent Requests IEE**

The parent is entitled to **ONE** IEE each time the public agency conducts an evaluation with which the parent disagrees.

Request must be written, dated and signed by the parent. The district must assist the parent in completing a written request for an IEE as appropriate.

Send prior written notice denying the IEE and immediately initiate a due process hearing to defend appropriateness of public evaluation.

**Parent agrees to delay the IEE**

Any IEE Report must be considered by the IEP Team. Any IEE report may be submitted as evidence by any party in any subsequent due process hearing

District has 7 calendar days to inform the parent of its intentions to allow or deny the IEE. Will the district allow the requested IEE?

An IEE has already been conducted for the evaluation in question.

Monitor student progress and make a follow-up contact with the parent per the agreement

**The district will proceed with the IEE**

**The district will challenge the need for an IEE in a due process hearing**

**OPTIONAL** (cannot delay any due process time lines) - Offer the parent a contingent agreement to delay the IEE to consider:

* an RtI process is in progress
* truancy concerns
* evidence of sufficient student progress exists
* student availability for an evaluation
* other reasons or lack of evidence for the need for an IEE
*

Send prior written notice denying another IEE.

Publicly funded IEE paid by local district

Evaluator submits invoice to district for publicly funded IEE

IEE conducted. Report and protocols sent to district

Send Letter to Independent Evaluator with consent and agency criteria.

Parent Consent Received

Send letter granting IEE and include:

* Special Education Parent Handbook with Procedural Safeguards
* Agency Criteria/Procedure for IEE
* Parent Consent Form
* Credentials for Individual Evaluators
* Potential Sources for IEE

**OPTIONAL** - If the parent does not indicate the reason for disagreement with the public evaluation, the district may request more information – but cannot require a parent response or use this request to unreasonably delay the process.

**Hearing Outcome**

**Parent does not agree to delay the IEE**

1. Hearing officer decides an **IEE is needed.**

District proceeds with IEE at public expense.

1. Hearing officer decides an **IEE is not needed.** Parent may pursue an independent evaluation at own expense.

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# REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE)

Parent(s) Name(s)

Student’s Name

I/we request an independent educational evaluation (IEE) at public expense for my/our child. This request is made because I/we disagree with the following evaluation(s) completed by the district:

I/we disagree with evaluation(s) listed above because:

 Date Parent/Guardian Signature

***PLEASE RETURN FORM TO:***

 Name, Title, Address and Phone Number of District Contact Person

**For District Use Only**

Date Request Received in Special Education Office:

By:

Note: The district has seven (7) calendar days to respond to this request.

# FOLLOW-UP LETTER TO PARENT REGARDING REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE

Date

[Parent Name and Address]:

RE: Request for Independent Educational Evaluation (IEE) – [Student’s Name]

Dear (Parent):

I received your request for an independent educational evaluation (IEE) for (student’s name) on (date).

For the district to make a decision whether to grant your request for an independent educational evaluation (IEE), it would be helpful to know what exactly you disagree with in the district’s evaluation(s), what evaluation issues you plan to address in the independent educational evaluation and who would be conducting the independent educational evaluation.

While the provision of this information is voluntary on your part, we would appreciate your cooperation in providing responses to these questions by (date should be prior to the date the district’s response to IEE request is required). We will then be in a much better position to decide if we will grant your request for an independent educational evaluation (IEE).

Please send your response by the date above to:

 (Name, title and address of district contact person)

Thank you for your assistance and cooperation in this matter.

Sincerely,

(District Contact Person)

# LETTER TO PARENT GRANTING REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE

Date

[Parent Name and Address]

RE: Request for Independent Educational Evaluation (IEE) – [Student’s Name]

Dear (Parent):

This letter is in response to your request for an independent educational evaluation (IEE) at public expense for (student’s name).

The school district believes that the district’s evaluation(s) of (student’s name) is/are appropriate and in accordance with Michigan Administrative Rules for Special Education, specifically R 340.1721a. However, in an effort to resolve this matter without resorting to a due process hearing, the school district will agree to pay for an IEE under the conditions set forth in the enclosed Criteria and Procedures for Independent Educational Evaluations (IEEs). When all of the conditions in the enclosed criteria have been met, the school district will process payment for reimbursement of that portion of the IEE which is directly related to the eligibility and/or present level of educational performance of the student.

If any of the conditions listed are not met, you still have the right to obtain an independent evaluation but at your own expense. Therefore, if you or the evaluator that you have chosen has any questions about the IEE process, please contact me immediately. In addition, any evaluation obtained at your own expense shall be considered by the IEP Team in accordance with 34 CFR § 300.502(c) of the regulations of Individuals with Disabilities Education Act (IDEA).

A list of suggested sources from which an IEE may be obtained is also enclosed. You are not restricted to choosing an evaluator from this list. However, you should consider whether the independent evaluator you choose has the credentials required by the district for conducting the evaluation you desire. Once the IEE has been completed, an IEP Team meeting will be convened to consider the results of the IEE.

When you have selected an independent evaluator, please notify us by completing the enclosed consent form and returning it to me. If you or your independent evaluator have any questions regarding the enclosed criteria/procedures or the IEE process in general, please feel free to contact me.

Sincerely,

(District Contact Person)

Enclosures

# CRITERIA AND PROCEDURES FOR INDEPENDENT EDUCATIONAL EVALUATIONS (IEE) AT PUBLIC EXPENSE

The School District establishes the following criteria and procedures for an independent educational evaluation (IEE) at public expense.

1. The parent shall submit a signed and dated written statement of disagreement with the district’s evaluation and request for independent educational evaluation (IEE) at public expense. To assist the district in making its decision whether to grant a request for IEE, the parent is asked, but is not mandated, to provide the reasons why he/she disagrees with the district’s evaluation(s). A request for independent educational evaluation (IEE) form is available from the Special Education office.
2. An independent educational evaluation shall mean an evaluation conducted by a qualified examiner or examiners who are not employed by the school district or have had a prior relationship with the parent(s) or student. The contracted agent for the purpose of conducting an independent educational evaluation is not considered an employee of the school district.
3. The school district shall inform the parent if the proposed independent evaluator provides services to the district in addition to the independent educational evaluation. An independent educational evaluation shall not be conducted by an independent evaluator who otherwise or regularly contracts with the school district to provide services, unless the evaluator is agreeable to the parent.
4. The independent evaluator must be knowledgeable in the area of suspected disability and shall possess credentials (license, approval, certificate, or other comparable credential) which are the same, equivalent, or superior to those required by the district for special education evaluations.
5. Unless unique circumstances otherwise justify an exception, the independent evaluator shall perform the independent educational evaluation within miles of the school district. (Note: You may want to consider 200 miles.)
6. A list of suggested sources from which an independent educational evaluation may be obtained will be provided to the parent upon receipt of a request for an independent educational evaluation (IEE). The parent is not restricted to choosing an independent evaluator from this list.
7. When the independent evaluator is selected and prior to the evaluation, the parent shall submit to the district the name, address, and credentials of the independent evaluator and completes a Parent Consent for the Independent Educational Evaluation Form. The district will notify the evaluator that the parent has selected him/her to conduct an independent educational evaluation and provide the evaluator with a copy of the District’s Criteria for Independent Educational Evaluation to ensure the evaluator’s compliance.
8. The independent educational evaluation shall be in compliance with the provisions of the Michigan Administrative Rules for Special Education, (R340.1721a and R340.1723c) and the Federal Rules, (34 CFR 300.300-311, 300.500, 300.502.)
9. The IEE shall be completed preferably within 30 school days of the district’s grant for an IEE, unless another time line is mutually agreed upon among the parent, district, and independent evaluator.
10. The IEE report shall include:
	1. information drawn from a variety of sources, including parent input, teacher input, academic and achievement testing; a review of school records, or other sources as required by law or appropriately needed to complete a multidisciplinary evaluation as described in 8 above;
	2. information needed to address the standards for eligibility and/or need for related service; and
	3. educational data which identifies the student’s present level of academic achievement and functional performance.
11. The independent evaluator shall submit a signed copy of his/her report, along with a copy of any testing protocols and notes and should indicate whether the student met eligibility criteria and the test/procedure results that support that conclusion; and/or the present level of educational performance of the student with the test/procedure results that support that conclusion. The report and protocols must be submitted to

 .

 **(District contact person, title and address)**

1. The reasonable expected cost of the independent educational evaluation is . In unique circumstances, an independent educational evaluation may exceed this amount, however, written prior approval of

**(District contact person, title and address)**

is required. Failure to obtain written prior approval to exceed the reasonable expected cost will result in non-payment by the district of the excess cost, if the evaluation is otherwise appropriate. Any arrangements beyond the evaluation (such as food, lodging, and transportation) are not covered in the cost of the independent evaluation. (Note: You may want to approve up to $1,000.)

1. An invoice from the independent evaluator shall be promptly submitted with the report to the district. The invoice shall indicate the portion(s) of the cost of the evaluation:
	1. directly related to the standards for eligibility;
	2. directly related to the student’s present level of academic achievement and functional performance;
	3. not covered by third party (e.g., insurance or other coverage) payments.

Any costs to the parents that result from the district’s use of third party payments for a publicly funded IEE, such as co-pays, payment of deductibles, increased premiums, deletion of life-time caps, will be reimbursed by the district. The district will process payment of the reimbursement for the IEE to the evaluator or parent upon receipt of the IEE report, protocols, and invoice; and a determination that the IEE is in accordance with the district’s criteria and therefore an appropriate public expense.

1. Any IEE that fails to meet the above conditions will not be eligible for payment at public expense. The parent and/or independent evaluator will be notified if any of the conditions listed above are not met. In those instances, the parent still has the right to obtain an IEE at his/her own expense.
2. Evaluations appropriately conducted by a qualified evaluator will be considered by the district at an Individualized Education Program (IEP) Team meeting in accordance with the Michigan Revised Administrative Rules for Special Education, and may be submitted by any party to a due process hearing.

# PARENT CONSENT FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE)

Parent’s Name

Student’s Name

I/we have been informed of my/our rights to an independent educational evaluation and have received a copy of the District’s Criteria and Procedures for Independent Educational Evaluation (IEE). I/we consent to an independent educational evaluation (IEE) to be conducted by the individual named below. I/we consent to the district providing this individual access to ‘s education records

 (**Student’s name**)

and consent to the release of the evaluation report, test protocols and notes to the school district.

 (Name of Independent Evaluator)

 (Title)

 (Address)

 (City, State and Zip Code)

 (Phone Number)

Please attach a copy of the evaluator’s license, certificate, approval or a brief statement of the evaluator’s credentials.

 Date (Signature of Parent)

# CREDENTIALS FOR INDEPENDENT EVALUATORS

The independent evaluator(s) must possess credentials which are the same, equivalent or superior to those credentials required of public school employees. Those credentials are as follows:

|  |  |
| --- | --- |
| **EXAMINER** | **LICENSE, CERTIFICATE, APPROVAL, REGISTRATION REQUIRED** |
| School Psychologist | MDE Certification |
| Psychologist | Fully Licensed Psychologist by the State of Michigan |
| School Social Worker | MDE Approval, Licensed by the State of Michigan |
| Teacher of the Speech and Language Impaired | MDE Certification |
| Speech Pathologist | Licensed by the State of Michigan, Certified by the American Speech-Language-Hearing Association (ASHA) |
| Occupational Therapist | Registration with the American Occupational Therapy Association and State of Michigan |
| Physical Therapist | Licensed by the State of Michigan |
| Audiologist | Licensed by the State of Michigan |
| Orientation & Mobility Specialist | Certified by the Association for the Education & Rehabilitation of the Visually Impaired |
| School Nurse | MDE Certification, Registered with State of Michigan |

Other types of evaluators must meet criteria or licensing as established by their professions. These may include but are not limited to: psychiatrist, neurologist, orthopedic surgeon, internist, pediatrician, ophthalmologist, optometrist, otolaryngologist, and otologist.

# POTENTIAL SOURCES

# FOR INDEPENDENT EDUCATIONAL EVALUATIONS (IEE)

The following is a list of sources from which an independent educational evaluation (IEE) can be obtained. Parents are not restricted to choosing from sources from this list. However, parents must consider whether the chosen independent evaluator has the credentials required by the district for conducting the evaluation they desire. This list is intended to be a resource and does not constitute an endorsement by the school district.

|  |  |  |
| --- | --- | --- |
| **Name** | **Type of Evaluation** | **Contact Information** |
| Mary DeHaus, M.A. CCC-SLPSpeech & Language Pathologist | Speech-Language Evaluation | 616-638-5599 |
| Courtney Hazzard, MA, CCC-SLPSpeech & Language Pathologist | Speech-Language Evaluation | 616-558-3704speechmama3@gmail.com |
| Bethany Kemler, M.A., CCC-SLPRachel VanWylen, M.A., CCC-SLPNicole Smith, M.A., CCC-SLPAlly Britton, M.A., CCC-SLPTraice Rokita, M.A., CCC-SLPSpeech & Language Pathologists | Speech-Language Evaluation | 616-591-2905Paper Plane Therapiesjillmiller@paperplanetherapies.com   |
| Susan Szewczyk, M.A. CCC-SLPSpeech & Language Pathologist | Speech-Language Evaluation | 616-243-5503sksgrr@gmail.com |
| Krista Wyllys, M.A. CCC-SL Speech & Language Pathologist | Speech-Language Evaluation | 616-616-481-7405krista.wyllys@gmail.com |
| **Name** | **Type of Evaluation** | **Contact Information** |
| Jan Atwood | Psychological Evaluation | 231-788-7556 |
| Joseph Bechard, Ed.S., LLPP | Psychological Evaluation | Psychoeducational Consultant Service616-836-9636jbechard@cogeco.net |
| Cassidy Bloom | Psychological Evaluation | 231-720-2460cbloom@mpsk12.net  |
| Douglas Bouman, S.Psy.S.Elizabeth Harmon, S.Psy.S | Psychological Evaluation | Christian Learning Center (CLC) Network4340 Burlingame Avenue SWWyoming MI 49509616-245-8388 |
| Adrian Breting | Psychological Evaluation | 616-638-8298uabreting47@gmail.com  |
| Sheryl Gibson | Psychological Evaluation | 616-218-3372gibsons@ghaps.org |
| Cara Thaler Kerwin, School Psychologist | Psychological Evaluation | 231-853-2258 ext. 1347ckerwin@ravennaschools.org  |
| Dr. Steve Pastyrnak | Psychological Evaluation | DeVos Children’s Hospital616-391-2957 |
| Dr. Daniel Post | Psychological Evaluation | Pine Rest Psychological Consultation Center300 68th Street SE, PO Box 165Grand Rapids MI 49501-0165616-281-6382 daniel.post@pinerest.org |

|  |  |  |
| --- | --- | --- |
| **Name** | **Type of Evaluation** | **Contact Information** |
| Dr. Sheryl Rozema | Psychological Evaluation | Behavior Health Partners, PLC5242 Plainfield Avenue NEGrand Rapids MI 49525616-363-2200dr.rozema@behaviorhealthpartners.com |
| Dr. Michael Ruch | Psychological Evaluation | 3300 Burton SE, Suite BGrand Rapids MI 49456616-957-2576 |
| Taylor Thorpe, Psy.S., BCBASchool Psychologist | Psychological Evaluation | 231-720-2308tthorpe@mpsk12.net  |
| Dr. Brant VanOrman | Psychological Evaluation | Pine Rest Psychological Consultation Center300 68th Street SE, PO Box 165Grand Rapids MI 49501-0165616-281-6382brant.vanorman@pinerest.org |
| Dr. John Woods | Psychological Evaluation | 616-355-0055, ext. 121woodsj@brpsk12.org |
| Dr. Tim Zwart | Psychological Evaluation | Pine Rest Psychological Consultation Center300 68th Street SE, PO Box 165Grand Rapids MI 49501-0165616-281-6382 ext. 2047tim.zwart@pinerest.org |
| Comprehensive Therapy Center | Psychological EvaluationOccupational Therapy EvaluationSpeech-Language EvaluationSocial-Emotional Evaluation | 2505 Ardmore SEGrand Rapids, MI 49506616-559-1054 info@therapycenter.org |
| **Name** | **Type of Evaluation** | **Contact Information** |
| Molly Buist, OT\L | Occupational Therapy Evaluation | The Center for Childhood Development.7086 8th AvenueJenison, MI 49428616-667-9551molly@thecenterforcd.com |
| Deb Schuitema OTD, OTR/L | Occupational Therapy Evaluation | D&D Therapy, LLC616-460-8364schuitemad@gmail.com |
| **Name** | **Type of Evaluation** | **Contact Information** |
| Kris Faber | School Social Work Evaluation | 616-667-3364kfaber@jpsonline.org |

# LETTER TO INDEPENDENT EVALUATOR

Date

[Independent Evaluator’s Name and Address]

RE: Independent Educational Evaluation (IEE) – [Student’s Name]

Dear (Independent Evaluator):

You have been selected to conduct an independent educational evaluation of (student’s name), for the (School District Name). Enclosed for your review is the Parent Consent for an Independent Educational Evaluation (IEE) and the District’s Criteria and Procedures for Independent Educational Evaluation (IEE). This criterion sets forth the conditions that must be met in order for your evaluation to be paid by the school district.

Should you have any questions regarding your evaluation or these criteria, please feel free to contact me. In addition, should you need access to the student’s education records, teachers or service provider or wish to do a classroom observation, please let me know.

We look forward to working with you on this evaluation.

Sincerely,

(District Contact Person)

Enclosures – Parent consent, Criteria for IEE

# LETTER TO PARENT DENYING REQUEST FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE

Date

[Parent Name and Address]

RE: Request for Independent Educational Evaluation (IEE) – [Student’s Name]

Dear (Parent):

This letter is in response to your request for an independent educational evaluation (IEE) at public expense for

(Student’s name) received by the District on (date).

**Select Appropriate Option:**

**OPTION 1 – DENY AN IEE PURSUANT TO “ONE IEE PER EVALUATION” LIMIT AT 34 CFR § 300.502(b)(5)**

The regulations of Individuals with Disabilities Education Act (IDEA) at 34 CFR § 300.502(b)(5) state that the parent is entitled to only one IEE at public expense each time the public agency conducts an evaluation with which the parent disagrees. According to our records, an IEE for the evaluation you are questioning was previously received by the district on (date, other identifying details). At this juncture, the district still believes that its evaluation(s) is/are appropriate pursuant to R 340.1723c(2), and is denying your request for an additional IEE. Please contact the district if you have any questions regarding our records, or to discuss concerns about your child’s learning that may have prompted you to request another IEE. If you still feel that our denial violates your rights to an IEE, you may initiate complaint procedures per page 12 of the enclosed *Special Education Parent Handbook with Procedural Safeguards.*

**OPTION 2 – INITIATE DUE PROCESS HEARING WITHOUT DISCUSSION**

The district believes the district’s evaluation(s) of (student’s name) is/are appropriate and in accordance with Michigan Administrative Rules for Special Education, specifically Rule 340.1721a. Therefore, the district is denying your request for an IEE and will initiate a due process hearing to demonstrate that its evaluation(s) is/are appropriate pursuant to R 340.1723c(2).

**OPTION 3 – INITIATE DUE PROCESS HEARING BUT OPEN TO DISCUSSION**

The district has given, and continues to be willing to give, consideration to your request for an IEE but such is difficult, if not impossible, without you providing us additional information as to exactly what evaluations you disagree with and why. Although the district cannot legally require you to provide this information, the provision of this information would have assisted the district in determining whether to grant your request. At this juncture, not knowing why you disagree with the district’s evaluation(s), the District believes it has little choice but to deny your request for an IEE at this time and initiate a due process hearing to demonstrate that its evaluation(s) is/are appropriate pursuant to R 340.1723c(2).

**Conclude with this Common Text:**

It is our understanding that you have received notice of your rights under both federal and state special education laws and rules (including the hearing process) and understand them. However, we enclose a copy of *Special Education Parent Handbook with Procedural Safeguards*. Please review it carefully for it includes both rights of parents, as well as obligations upon parents in various situations. If you do not understand them or have questions concerning them, please contact either your advocate/attorney or one of the organizations noted below.

Under Rule 340.1724f of the Michigan Revised Administrative Rules for Special Education, a parent, a public agency, or the Department of Education may initiate a hearing by filing a written due process hearing complaint with the Department of Education as required by 20 U.S.C. § 1415(b) and by providing a copy of the due process hearing complaint to the other parties.

We also wish to inform you that with regard to any free or low cost legal or other relevant services available in this area. Michigan Protection and Advocacy Service offers both legal and nonlegal advocacy services at no cost. Their main office is located at 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263, and information concerning the services they provide can be obtained by contacting them at (800) 288-5923 or www.mpas.org/*.*

Additionally, the following organizations may be contacted regarding the possibility of their providing you with information and/or a nonlegal advocate:

 The ARC Kent County

 (616) 459-3339 or www.arckent.org/

Pursuant of 34 CFR § 300.517 of the regulations of Individuals with Disabilities Education Act (IDEA), a parent who is a “prevailing party” may be granted by a court reimbursement for reasonable attorney fees and related costs expended as a result of a due process hearing. The amount of fees may be reduced if a parent fails to provide the district with written notice of the problems (and proposed resolution) which prompted this hearing request. (See page 15 of the enclosed *Special Education Parent Handbook with Procedural Safeguards* relating to “Award of Attorneys’ Fees”). In addition, a district may make a written offer of settlement to a parent at least ten days prior to the hearing. If the parent is not substantially justified in rejecting the settlement offer, and has not obtained a more favorable result from the hearing officer, fees and costs may not be recoverable by the parent.

Please remember that during the pendency of this hearing and any subsequent proceeding, under 34 CFR § 300.518 of the regulations of Individuals with Disabilities Education Act (IDEA), unless you and the District agree otherwise [**Student**] shall remain in his/her present educational placement. **[If you would like to discuss changing 's program and/or services from those which he/she is currently receiving while the hearing is pending, please contact me immediately.]**

Please be advised that mediation is also available to the parties. Mediation is a voluntary alternative dispute resolution process separate from the hearing process. (See page 11 of enclosed *Special Education Parent Handbook with Procedural Safeguards* for more information about mediation). [The district is always willing to explore informal dispute resolution, including mediation.] **OR** [The district will consider a request for mediation.] Please contact me if you are interested in mediation or any other informal dispute resolution process.

To avoid any undue delays, we would appreciate hearing from you as soon as possible regarding the selection of a hearing officer and who your advocate, if any, at the hearing will be (including his/her address and phone number). Also, if you need any further information, such as educational records, or do not understand any of our comments in this letter, please call us immediately. We await your response.

Sincerely,

(District Contact Person)

Enclosures