Processing Requests for Independent Educational Evaluations

Request for IEE received

Note: Request may be in writing or verbally at IEP meeting. Assist parent as needed.

Letter to Parent indicating:
- receipt of request
- being considered
- enclose procedural safeguards & IEE policy

DECISION
Fund IEE or File for Due Process

File for Hearing

Timeline: Decide in no more than 30 days

Fund IEE

Complete request for due process hearing (cannot be mediation only!). Send copy to parent with cover letter and Procedural Safeguards.

Scheduling Order:
Mediation
Prehearing Conference (PHC) statement
Due Process Hearing

For detailed hearing process information, consult legal counsel.

Letter to Parent indicating:
- receipt of request
- being considered
- enclose procedural safeguards & IEE policy

Letter to Parent: Agree to IEE
Offer specific assessors & to consider parent requested assessors

Parent Response

Parent agrees to offered assessor

- LEA contracts with assessor
- Assessor completes assessment
- LEA considers assessment

Parent requests another assessor

Send qualification review to requested assessor

- Qualified
- NOT Qualified

Letter to Parent: Engage parent in interactive process to consider going outside criteria

Appropriate Rationale

IF NO Must Decide

Document decision that preferred assessor is not qualified and agree to assessor regardless

Request for IEE resolved

IF NO Must Decide

Complete request for due process hearing to defend not using parent provider. Send copy to parent with cover letter and Procedural Safeguards.

Letter to Parent: Engage parent in interactive process to consider going outside criteria

Appropriate Rationale

IF NO Must Decide

Document decision that preferred assessor is not qualified and agree to assessor regardless

Request for IEE resolved

Parent unresponsive for 2 weeks

Send follow-up letter restating offer.

Parent requests another assessor

Send qualification review to requested assessor

- Qualified
- NOT Qualified

Letter to Parent: Engage parent in interactive process to consider going outside criteria

Appropriate Rationale

If no - must decide!

Document decision that preferred assessor is not qualified and agree to assessor regardless

Request for IEE resolved

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Letter to Parent: Engage parent in interactive process to consider going outside criteria

Appropriate Rationale

IF NO Must Decide

Document decision that preferred assessor is not qualified and agree to assessor regardless

Request for IEE resolved
1. LETTER TO PARENT re: IEE BEING CONSIDERED and PROVIDING RIGHTS and IEE POLICY

Place on Letterhead - Customize as appropriate

DATE

PARENT
ADDRESS
ADDRESS

Re: Request for IEE

Dear PARENT

Our office has reviewed your (INSERT DATE) request for an Independent Educational Evaluation (IEE) for your student, (STUDENT NAME). The District is providing you with a copy of the SELPA and District IEE policy and procedural safeguards.

After we review the request and current assessment, the District will respond to your request in writing.

The District looks forward to working with you collaboratively to address any concerns you may have regarding your student’s educational program.

Sincerely,

ADMIN NAME
ADMIN TITLE

Enclosures: SELPA/District IEE Policy
Procedural Safeguards
Re: Request for IEE

Dear (PARENT NAME),

Our office has reviewed your (INSERT DATE) request for an Independent Educational Evaluation (IEE) for your student, (STUDENT NAME). The District agrees to conduct a Psycho-Educational IEE with an assessor qualified under the attached IEE policy and procedures.

The District proposes to conduct the Psycho-Educational IEE with:

(INSERT THE CONTACT INFO FOR ASSESSOR(S) YOU ARE OFFERING)

If you would like to propose another assessor, the District will gladly evaluate that person’s qualifications to conduct the assessment. Please review the enclosed IEE policy and procedures for qualifications required for an individual to conduct a psycho-educational evaluation.

A copy of your procedural safeguards is enclosed for your reference.

The District looks forward to conducting the Psycho-Educational IEE as soon as we hear from you regarding the selection of an evaluator.

Sincerely,

ADMIN NAME
ADMIN TITLE

Enclosures: SELPA/District IEE Policy
Procedural Safeguards
Re: Follow-up on Agreement to Conduct IEE

Dear (PARENT NAME),

The purpose of this letter is follow-up regarding the Independent Educational Evaluation (IEE) you requested for your student, (STUDENT NAME).

In a letter dated DATE, the district agreed to conduct an IEE for your student and offered to utilize the services of (LIST ASSESSOR(S) AND TITLES) to complete this evaluation. In that correspondence, we also offered to consider the qualifications of any evaluators you wish to propose.

To date, we have not received a response regarding the proposed assessors nor have we received a response regarding other assessors you may wish the district to consider.

The District remains committed to conducting the IEE but cannot proceed without agreement on the assessor.

The District continues to offer (ASSESSOR NAME, ASSESSOR TITLE) to complete this IEE. If you wish to propose another evaluator for our consideration, please forward his/her contact information to our office and we will determine if they meet the SELPA criteria.

We look forward to hearing from you on this important issue regarding the assessment of your child.

If you have any questions, please feel free to contact me at (PHONE NUMBER.).

Sincerely,

ADMIN NAME
ADMIN TITLE

Enclosures: SELPA/District IEE Policy
Procedural Safeguards
DATE

ASSESSOR NAME
ASSESSOR ADDRESS
ASSESSOR ADDRESS

Re: Request for information

Dear Ms./Mr./Dr. (ASSESSOR NAME),

A parent of a student in the (DISTRICT NAME) has requested that you perform an Independent Educational Evaluation.

Prior to completing an agreement for you to perform this service, we need you to provide the information indicated on the attached form.

Please reply at your earliest convenience as we wish to obtain the evaluation information on behalf of the student as soon as possible.

If you have questions, please contact me at (PHONE NUMBER)

Sincerely,

ADMIN NAME
ADMIN TITLE

Enclosure: Qualification Review for Independent Evaluator
4.b.
Qualification Review of Independent Evaluators

Name:
Address:
Phone:

Your services have been requested by a parent to complete an Independent Educational Evaluation. Please respond to the following to allow (DISTRICT NAME) to determine if you are eligible to conduct this evaluation in accordance with our SELPA policy.

1. Please attach a brief description of your qualifications.

2. Please attach a copy of your credential or certification (including NPS/A certification if applicable).

3. What is your billing rate? ___________________

4. How many hours does an evaluation usually take? _____________________

5. What information do you usually need prior to completing an evaluation?
   __________________________________________________________
   __________________________________________________________

6. What is an approximate length of time needed to calendar an appointment?
   __________________________________________________________

7. Will you be available to observe the student in the classroom and interview parents/staff?
   __________________

8. Will you be available to attend the IEP meeting after the evaluation is completed?
   __________________

9. What is your rate for attending an IEP meeting? _________________________

10. Signing below indicates your understanding of our Payment Policy – Once you have completed the evaluation/assessment, you will need to send the written report and an invoice indicating the amount owed to the district at the address below. We will then begin to process a purchase order for payment within 30 days. (NOTE CONFIRM YOUR POLICY OR DELETE THIS ITEM)

________________________________
Signature of Independent Evaluator

Please forward your responses and relevant documents to:
District Name
Department
Address
Attn: Name of contact
Dear (PARENT NAME),

Our office has reviewed the qualifications of (INSERT NAME OF REQUESTED ASSESSOR), who you request the District utilized for an Independent Educational Evaluation (IEE) for your student, (INSERT STUDENT NAME).

After reviewing the qualification of the assessor, the District finds that the assessor does not meet the qualifications as stated under the Local Plan Policy. Specifically, the assessor (FILL IN THE SPECIFIC CRITERIA THE PARENT REQUESTED ASSESSOR DOES NOT MEET, SUCH AS, COST CRITERIA, LICENSURE/CREDENTIAL CRITERIA, ETC.)

The District would like to consider your request further. To that end, we ask you to explain the circumstances unique to (INSERT STUDENT NAME) that might justify agreeing to an assessor who is not qualified under our criteria to provide an IEE, including complex medical, educational, and/or psychological needs such that there are no other qualified evaluators.

If you would like to meet with our staff to help us understand such circumstances unique to (INSERT STUDENT NAME), we are available on (INSERT DATE TIME AND LOCATION FOR AN INTERACTIVE MEETING). In the alternative, you may provide the description of the circumstances unique to (INSERT STUDENT NAME) in writing for our review.

The District looks forward to working with you collaboratively to address your request.

Sincerely,

ADMIN NAME
ADMIN TITLE
Re: Requested Assessor Qualifications

Dear (PARENT NAME),

Our office has reviewed the qualifications of (INSERT NAME OF REQUESTED ASSESSOR), whom you request the District utilize for an Independent Educational Evaluation (IEE) for your student, (INSERT STUDENT NAME).

After we reviewed the qualifications of your proposed assessor, the District finds that the assessor does not meet the qualifications as stated under the Local Plan Policy. Specifically, the assessor (FILL IN THE SPECIFIC CRITERIA THE PARENT REQUESTED ASSESSOR DOES NOT MEET, SUCH AS, COST CRITERIA, LICENSURE/CREDENTIAL CRITERIA, ETC.)

The District has requested that you work with us to understand the complex medical, educational, and/or psychological needs such that there are no other qualified evaluators. Upon review, we find that there is not a compelling rationale for utilizing a non-qualified assessor.

However, to avoid a dispute and in the interest of compromise regarding the selection of an assessor, the District is agreeing to utilize the services of (PARENT’S PREFERRED ASSESSOR).

The District looks forward to working with you and the selected assessor collaboratively to complete this evaluation and review it at your student’s Individual Education Program meeting.

Sincerely,

ADMIN NAME
ADMIN TITLE
Dear (PARENT NAME),

The (DISTRICT NAME) has reviewed your request for an Independent Education Evaluation (IEE) of your student, (STUDENT NAME), which was received on (DATE). The District finds that the evaluation of (STUDENT NAME) meets all the requirements of the Education Code and was appropriate. For this reason, the District is filing a request for a hearing to establish that the evaluation conducted by (DISTRICT NAME) was appropriate and it need not fund the requested IEE(s).

The District is providing you with this prior written notice describing the reasons for declining to provide your student with requested IEE. The District declines your request for an IEE in the following areas, (INSERT THE REQUESTED IEE ASSESSMENT). The District is refusing this action because it believes its assessment conducted by the District complied with all of the relevant education codes and were appropriate. The District reviewed the following in making this determination:

- (INSERT THE ASSESSMENT REPORT TYPE AND DATE)
- Test Protocol (SPECIFY SUFFICIENTLY TO IDENTIFY EACH PROTOCOL)
- Assessment Plan (INSERT DATE OF PLAN)
- (INSERT OTHER RELEVANT DOCS REVIEWED, AS APPROPRIATE)

The District considered funding the IEE requested but rejected this option as it finds the evaluations conducted by the District are appropriate. The District found no other factors relevant to the decision to decline the requested IEE.

You have protection under the procedural safeguards of Part B of the IDEA. A copy of these procedural safeguards is attached for your reference.

If you need assistance in understanding the provisions of IDEA, please contact your Special Education Local Plan Area at (INSERET SELPA CONTACT NUMBER) or the Procedural Safeguards Referral Service of the California Department of Education at 1-800-926-0648.
If you would like further information about your rights or to discuss in more detail the nature of your disagreement with the assessment or any other aspects of this matter, please feel free to contact our office at (PHONE NUMBER) to schedule an appointment.

Best Regards,

ADMIN NAME
ADMIN TITLE

Enclosures:
  Procedural Safeguards
  Request for Mediation and Hearing