

Independent Educational Evaluation Request

Student's Name _____ Sex _____ Date _____

Parent's Name _____ Birth Date _____ Grade _____

Address _____ Home Telephone _____
(Street) (City or Town) (Zip)

School Building _____ School District _____

Principal _____ Teacher _____ School Phone _____

AEA contact: Name _____ Position _____ Phone _____

REASONS FOR REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION (Completed by AEA team with available input from parents and LEA) Attach additional information if needed.

ASSESSMENT QUESTIONS: What specific questions, if answered, support the development of an appropriate educational program for this student and address the parent's concerns for the AEA/LEA evaluation?

1.

2.

3.

RELEVANT INFORMATION (Completed by AEA team with available input from parents and LEA.) Given the assessment questions identified above, what is the team's current information base for addressing these same areas of inquiry. [This may call for summary of previous interventions and results, prior evaluation results and conclusions of the IEP team based on the most recent evaluation.] Please attach appropriate reports and other information.

Signed release/exchange of information form (page 2) is attached.

_____ / / _____
Special Education Director Designee Date

Outside Agency Copy AEA Copy Director of Special Education Copy Parent Copy