

Second Opinion/Additional Evaluation Request

Date: _____ / _____ / _____

Student's Name: _____ Gender: M F DOB: _____ / _____ / _____

Parent's Name: _____

Address: _____ Home Phone: _____
(Street) (City or Town) (Zip)

School: _____ Grade Level _____

School District: _____

School Address: _____

IEP Team Contact _____ Teacher: _____

REASON FOR REQUESTING A SECOND OPINION/ADDITIONAL EVALUTION Describe the current situation leading to the second opinion request. If there are differences in viewpoints, identify these. Attach additional information if needed.

ASSESSMENT QUESTIONS What specific questions, if answered, support the development of an appropriate educational program for this student?

- 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.

NOTE: If the parents are in disagreement with an evaluation, they must be made aware of their right to receive an independent educational evaluation and have agreed to obtain a second opinion. The Area Education Agency will determine the appropriate parties to complete the evaluation.

Anticipated expenses: None Specify: _____

Second Opinion/Additional Evaluation Approval

Director of Special Education/Designee _____/_____/_____
Date

Approval for Payment of Expenses: Estimated total: _____

Director of Special Education/Designee _____/_____/_____
Date