

CRITERIA & PROCEDURES FOR INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE

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

Criteria

- An independent educational evaluation shall mean an evaluation conducted by a qualified examiner or examiners who are not employed by the school district. The contracted agent for the purpose of conducting an independent educational evaluation is not considered an employee of the school district.
- 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. The school district shall inform the parent if the proposed independent evaluator provides services to the district in addition to the independent educational evaluation.
- 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.
- Unless unique circumstances otherwise justify an exception, the independent evaluator shall perform the independent educational evaluation within 200 miles of the school district.
- 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 complete 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.
- 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.)
- 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.
- The IEE report shall include:
 - a. 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;
 - b. information needed to address the standards for eligibility and/or need for related service; and
 - c. educational data which identifies the student's present level of academic achievement and functional performance.
- 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 Carol Phelps, Supervisor of Special Education, 15670 190th Avenue Big Rapids, MI 49307.
- The reasonable expected cost of the independent educational evaluation is \$1,000.00. In unique circumstances, an independent educational evaluation may exceed this amount, however, written prior approval of Carol Phelps, Supervisor of Special Education, 15670 190th Avenue Big Rapids, MI 49307 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.

- 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.

Procedures

- The parent submits 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 for the disagreement with the district's evaluation(s).
- A list of suggested sources from which an independent educational evaluation may be obtained will be provided to the parent by the district. The parent is not required to choose an independent evaluator from this list.
- When the independent evaluator is selected, and prior to the evaluation, the parent submits to the district the name, address, and credentials of the independent evaluator.
- The parent signs a release of information so that the evaluator and the district may freely exchange relevant information about the student.
- The district will notify the evaluator that the parent has selected him/her to conduct an IEE and provide the evaluator with a copy of the District's Criteria for Independent Educational Evaluation to ensure the evaluator's compliance.
 - The school district must inform the parent if the proposed evaluator provides other services to or is otherwise contracted with the district.
- The independent evaluator submits a signed and dated copy of his/her report and should indicate a recommendation of whether or not student meets eligibility criteria, the test/procedure results that support that conclusion; and/or describe 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 directly to (District contact person, title and address)
- An invoice from the independent evaluator shall be submitted with the report to the district. The invoice shall indicate the portion(s) of the cost of the evaluation:
 - directly related to the standards for eligibility;
 - directly related to the student's present level of academic achievement and functional performance;
 - 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
- 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.

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 son/daughter. This request is made because I/we disagree with the following evaluations completed by the district _____

I/we disagree with evaluations listed above because _____

_____ Date _____ Parent/Guardian Signature

PLEASE RETURN FORM TO:

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

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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.

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 Mecosta Osceola Intermediate School 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	Certified by the American Speech-Language-Hearing Association (ASHA) or as a Teacher of the Speech and Language Impaired
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.

Psychological Evaluations

Alpena-Montmorency-Alpena ESD 2118 US Highway 23 S Alpena, MI 49707 517.354.3101	989.386-3851 Iosco RESA 5800 N. Skeel Avenue Oscoda, MI 48750-1534 517.739.0300
Bay-Arenac ISD 4228 Two Mile Road Bay City, MI 48706 517.686.4410	Manistee ISD 722 E. Parkdale Avenue Manistee, MI 49660 231.723.6205
Charlevoix-Emmet ISD 8566 Mercer Road Charlevoix, MI 49720 231.547.9947	Traverse Bay Area ISD 1101 Red Drive Traverse City, MI 49696-6020 231.922.6200
Cheboygan-Otsego-Presque Isle ISD 6065 Learning Lane Indian River, MI 49749	West Shore ESD 2130 US 10 Ludington, MI 49431 231.757.3716
Gratiot-Isabella RESD 1131 E. Center Street Ithaca, MI 48847 517.875.5101	Wexford-Missaukee ISD 9905 E 13 th Street Cadillac, MI 49601 231.876.2260
Clare-Gladwin RESD 4041 E. Mannsiding Road Clare, MI 48617 989.386.3851	

**AGREEMENT TO PERFORM
AN
INDEPENDENT EDUCATIONAL EVALUATION (IEE)**

As the independent evaluator selected to perform an Independent Educational Evaluation of _____ (student's name), I acknowledge that:

I will complete the Independent Educational Evaluation pursuant to the criteria set forth in the attached "Criteria for Independent Educational Evaluation at Public Expense", "Procedures for Payment for Independent Educational Evaluation (IEE) at Public Expense", and pertinent state and federal regulations referenced in these documents. I will submit a copy of the evaluation report to the MOISD contact person upon completion of the evaluation.

I will not complete the Independent Educational Evaluation.

(Signature of Independent Evaluator)

(Date)

(Printed or typed name and title of Independent Evaluator)

(Address) (City) (State) (Zip)

(Telephone number)

PLEASE RETURN THIS FORM TO:

(Name, title, and phone # of contact person)

(Address to which this form should be returned)

(Date received by contact person)