



## **Chapter 25: Guidelines for Independent Educational Evaluation (IEE)**

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### **Introduction**

An Independent Educational Evaluation (IEE) is an evaluation conducted by a qualified examiner who is not employed by the Local Education Agency (LEA) or public agency responsible for the education of the child (*Title 34 of the Code of Federal Regulations § 300.502*). Since a child's educational program and placement are determined by the results of assessments, a parent who disagrees with an LEA's evaluation has the right to obtain an IEE at public expense to identify the child's disabilities and resulting educational needs. A parent is entitled to only one IEE at public

expense each time the LEA conducts an evaluation with which the parent disagrees (*Title 34 of the Code of Federal Regulations § 300.502*).

Each participating LEA within the Desert/Mountain Special Education Local Plan Area (SELPA) is provided with a yearly stipend to help offset the expenses for Assistive Technology Assessments (ATAs) and IEEs. This process, adopted in May 2004, enables LEAs to request such assessments independent of the SELPA. No prior approval is required by the SELPA. To be reimbursed for the cost of an ATA or IEE, the LEA must complete the SELPA reimbursement form (D/M 83) and supporting documentation and submit the reimbursement form to the SELPA before the end of each fiscal year. The disagreement of the LEA's evaluation must be on an evaluation conducted within the last two years.

## DEFINITIONS

**Independent Educational Evaluation (IEE)**: An evaluation conducted by a qualified examiner who is not employed by the LEA responsible for the education of the child in question (*Title 34 of the Code of Federal Regulations § 300.502*).

**Qualified Examiner**: An examiner who is competent to perform the evaluations through criteria established within the Desert/Mountain SELPA Policy and Procedure Manual and in accordance with *Education Code § 56322*.

**Unilateral Parent Initiated Evaluation**: An evaluation obtained by the parent at private expense without prior approval of the LEA.

**Public Expense**: The LEA pays for the cost of the evaluation or ensures the evaluation is otherwise provided at no cost to the parent.

## Section A – Introduction/Consideration of IEEs

An IEE is designed to assist in determining the educational needs of a child with a disability including eligibility, program decisions, and educational services. The Individualized Education Program (IEP) team is responsible for determining placements and services; therefore, the IEP team will consider recommendations designed to assist the child in making educational progress in accordance with this policy. IEEs will be considered in any decisions with respect to providing a Free Appropriate Public Education (FAPE) to the child.

A private educational evaluation that is initiated by the parent shall be considered in any decision made with respect to the provisions of FAPE to the child. A private evaluation obtained by the parent is different from an IEE. An IEE may be presented as evidence at a due process hearing regarding the child. All requirements outlined in the criteria for IEEs must be followed.

Federal regulations require that whenever an IEE is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the evaluator, must be the same as the criteria that the public agency uses when performing a similar evaluation (*Title 34 of the Code of Federal Regulations § 300.502(e)*).

## **Section B – Procedures for Parents Requesting an IEE at Public Expense**

A parent has the right to obtain an IEE at public expense when the parent disagrees with the assessment obtained by the LEA (*Title 34 of the Code of Federal Regulations § 300.502(b)*). The LEA may initiate a due process hearing to show that its evaluation is appropriate (*Title 34 of the Code of Federal Regulations § 300.502(b)(2)(i)*). If the LEA initiates a hearing and the final decision is that the LEA's assessment is appropriate, the parent has the right to an IEE, but not at public expense (*Title 34 of the Code of Federal Regulations § 300.502(b)(3)*).

The LEA is not responsible for providing or reimbursing an evaluation when parents merely feel the need for additional information about their child, and which is not based on a disagreement with LEA assessment results or IEP team findings. Further, when multiple reports are obtained by the parents in the same assessment areas, the LEA will not reimburse the cost of more than one IEE in any one area assessed when the parent disagrees with an assessment previously conducted by the LEA (*Title 34 of the Code of Federal Regulations § 300.502*).

Upon request for an IEE, the LEA will provide information to the parents regarding where an appropriate IEE may be obtained (*Title 34 of the Code of Federal Regulations § 300.502(a)(2)*).

The independent examiner must meet LEA/SELPA qualifications to be funded at public expense (*Title 34 of the Code of Federal Regulations § 300.502(e)*).

### **Steps to be followed by Parents Requesting an IEE at Public Expense:**

1. Contact the LEA's Director of Special Education for assistance in requesting an IEE. The parents may be asked the reasons why they object to the LEA's evaluation, however, there is no requirement that the parents specify areas of disagreement with the LEA's evaluation as a prior condition for obtaining an IEE.
2. The LEA's Director of Special Education will provide a Prior Written Notice (PWN) letter to the parent stating whether the LEA is accepting or denying the IEE. If the IEE is denied, the LEA will file for due process to determine the appropriateness of its assessment.
3. If the IEE request is accepted, the LEA will provide the parents with copies of the Notice to Parents Regarding Independent Educational Evaluation (Appendix A) and a non-exclusive list of qualified examiners (Appendix B). If a specific independent examiner is desired by the parents, the name and resume of the examiner must be provided so that the LEA may:
  - Verify the qualifications, certifications and/or license of the examiner;
  - Apply the location criteria; and
  - Initiate and negotiate a contract with the examiner.

## Section C – Criteria for Obtaining an IEE at Public Expense

The IEE must be administered by the independent examiner in the same type of location and/or setting as that used by the LEA in providing similar evaluations (*Title 34 of the Code of Federal Regulations § 300.502(e)*). If the LEA evaluation included classroom observations, the independent examiner will be given access to the classroom (*Education Code § 56327*).

Clinical psychologists selected to perform independent evaluations must base the assessment on the required eligibility criteria (*Title 34 of the Code of Federal Regulations § 300.8; Title 5 of the California Code of Regulations § 3030*) that school psychologists utilize to determine eligibility for special education services and related services. While it is understood that psychological evaluations performed by clinical psychologists, who typically work outside of the school setting or in private practice, can include many of the same formal assessments as psychoeducational and neuropsychological evaluations in order to examine an individual’s psychological, emotional, and behavioral functioning, these findings are typically intended to guide diagnosis and treatment from a medical perspective, not from an educational perspective. Therefore, independent examiners conducting psychological assessments under an IEE should align assessment with the eligibility requirements in federal and state law that school psychologists rely on to determine eligibility for special education and related services. The examiner’s assessment should assist in determining specific areas of need, services, or supplemental aides that will support children with disabilities in educational settings. The assessment must be sufficiently comprehensive to identify all of the child’s special education and related service needs, whether or not commonly linked to the disability category being considered for the child, and should help seek to understand the child’s learning style, and then guide the development of classroom accommodations and supports from an educational perspective.

The IEE must be provided by an examiner who holds equivalent certifications, licenses, or other qualifications that would be required of the LEA staff providing similar evaluations (*Title 34 of the Code of Federal Regulations § 300.502(e)*; and *Education Code § 56322*). All assessments must be conducted in accordance with all requirements of federal and state law including, but not limited to, observing the child in the appropriate setting (*Education Code § 56327*), and conducting evaluations in accordance with *Education Code § 56320*. Independent examiners must meet the credentialing criteria listed below. All assessments, including all tests and subtests must be conducted by persons competent to perform the assessment as determined by the LEA (*Education Code § 56322*).

Type of Assessment	Proposed Estimate	Qualifications
Adaptive Behavior	\$500 - \$1,000	Credentialed Special Education Teacher Credentialed School Psychologist Licensed Clinical Psychologist Licensed Educational Psychologist

<b>Type of Assessment</b>	<b>Proposed Estimate</b>	<b>Qualifications</b>
Adapted Physical Education	\$1,000	Credential issued by the California Commission on Teacher Credentialing that authorizes service in adapted physical education
Assistive Technology	\$1,500 - \$2000	Credentialed Special Education Teacher Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist Credentialed Assistive Technology Specialist
Augmentative/Alternative Communication (AAC)	\$1,500 - \$2,000	Credentialed Special Education Teacher Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist Credentialed Assistive Technology Specialist
Central Auditory Processing (Auditory acuity and perception)	\$1,500 - \$2,000	Licensed or Credentialed Audiologist Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist
Educationally Related Mental Health	\$2,500	Marriage Family Therapist (MFT) Licensed Clinical Social Worker (LCSW) Professional Clinical Counselor (PCC) PsyD – Doctorate in Clinical Psychology Ph.D. – Doctorate in Psychology Clinical Psychologist
Functional Behavior (Social/Emotional/Behavior/Behavior Intervention)	\$2,500	Board Certified Behavior Analyst (BCBA) Credentialed School Psychologist School Counselor with Pupil Personnel Services (PPS) Credential Credentialed Special Education Teacher Licensed Clinical Psychologist Licensed Educational Psychologist (LEP) Licensed Clinical Social Worker (LCSW) Licensed Marriage and Family Therapist (LMFT) Professional Clinical Counselor (PCC)
Functional Vision (Acuity/Developmental Vision/Motor Integration/Perception)	\$1,750	Credentialed Teacher of the Visually Impaired Credentialed School Psychologist Licensed Educational Psychologist (LEP) Licensed Ophthalmologist Optometrist

<b>Type of Assessment</b>	<b>Proposed Estimate</b>	<b>Qualifications</b>
Health	\$500	Licensed Physician Credentialed School Nurse - trained and prepared to access cultural and ethnic factors appropriate to the student
Independent Multi-Disciplinary Evaluation	\$4,500	See individual evaluator qualifications
Neuro-Psychological Evaluation	\$4,500 - \$5,500	See individual evaluator qualifications
Occupational Therapy (Fine or Gross Motor)	\$1,000 - \$1,500	Licensed Occupational Therapist
Orientation and Mobility for the Blind	\$1,000	Credential that authorizes services in orientation and mobility instruction in the State of California
Physical Therapy	\$1,500	Licensed Physical Therapist
Psycho-Educational (may include academic, adaptive functioning, cognition, psychological processing (auditory, visual, phonological processing), social/emotional functioning)	\$4,500	Credentialed School Psychologist Licensed Clinical Psychologist Licensed Educational Psychologist (LEP)
Speech and Language	\$1,750	Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist
Transition/Vocational	\$1,500 - \$2,000	Credentialed Teacher with a career development authorization Special Education Teacher Credentialed School Counselor with a Pupil Personnel Services (PPS) Credential

It is recommended that when selecting an independent examiner not on the non-exclusive list of qualified examiners (Appendix B), the LEA request a copy of the examiner's resume, two references by LEAs, a sample evaluation report, and itemized costs for the evaluation including writing the report and attending the IEP meeting. Prior to making the final selection of an examiner, the LEA should review the resume to ensure proper licensure/credential certification, and contact the references provided.

The independent examiner must be located within an 85-mile radius of the Desert/Mountain SELPA office or a 40-mile radius of the LEA responsible for the IEE. Examiners outside of this

area may be approved by the LEA if the parents can demonstrate the necessity of using an examiner outside of the geographical determined location. Unless an out of area evaluation is required for the child to receive an IEE, costs beyond the evaluation (i.e., transportation, lodging, food, etc.) are not covered in the contract or reimbursement to the parent.

Independent examiners must comply with all state and federal *requirements (Title 34 of the Code of Federal Regulations § 300.502(e))*.

The independent examiner must provide the LEA and parent with a copy of the report five days prior to the IEP team meeting. The report should include:

- Examiner's name, title, license, certification number;
- Original signature of the examiner; and
- Original assessment protocols (attached to the report) – see Appendix D for information on protocols.

A public agency may not impose conditions or timelines related to obtaining an IEE at public expense (*Title 34 of the Code of Federal Regulations § 300.520(e)*).

## **Section D – Criteria for Determination of IEE Fee**

The LEA will pay a fee that is routine and reasonable for the IEE, similar to those performed by qualified professionals in the local geographical area. Routine and reasonable fee is based on an average of a random sampling of fees charged by professionals providing service in the LEA/SELPA's area. The LEA shall make arrangements for the independent examiner to ensure that the IEE is completed in a timely manner at the LEA expense.

An excessive fee is defined as one that is more than 25% higher than the routine and reasonable rate as defined in the cost guidelines in Appendix C. Parents will be allowed the opportunity to demonstrate to the LEA that unique circumstances justify IEE fees that do not fall within the criteria described in Appendix C.

### **Cost Guidelines**

When the LEA is negotiating the fee for an independent evaluation to be conducted at public expense, the following should be included in the fees:

- cost to conduct the assessment;
- mileage (for student observation and to IEP location);
- developing a written report and providing copies to the parent and LEA; and
- attending the IEP team meeting.

The independent examiner must agree to release their written report, test protocols (see OSEP Policy Letter – Appendix D), assessment information, and results to the LEA prior to the receipt of payment for services and at least five days prior to the IEP meeting. The results from the IEE

will be considered in the eligibility, program decisions, and educational services to the child with disabilities as required by IDEA 2004. IEEs will be considered in any decisions made with respect to offers of FAPE made by the IEP team.

## **Section E – Circumstances Resulting in Evaluation Not Funded at LEA Expense**

The LEA does not have an obligation to reimburse parents for private evaluations obtained prior to the date that the LEA's evaluation is completed and discussed in an IEP meeting.

### **Parent request for reimbursement for private evaluation may be allowable if:**

1. The LEA's evaluation has not been provided in compliance with federal and state laws.
2. The privately obtained evaluation appropriately assessed the child in an area(s) of suspected disability, which was not assessed appropriately by the LEA.

Any reimbursement shall be in accordance with LEA procedures, cost guidelines outlined in Appendix C, and in an amount no greater than the actual cost to the parent. Reimbursement does not include observations/consultation with outside consultants.

If an IEE is requested as a result of a settlement agreement in a due process hearing, the Desert/Mountain SELPA will cover the costs incurred for the IEE as outlined in the settlement agreement.

If the LEA initiates a hearing and the final decision is that the evaluation is appropriate, the parent still has the right to obtain an IEE at their own expense. If the LEA initiates a due process hearing and the final decision is that the LEA's evaluation is appropriate, no reimbursement shall be made unless ordered by a Hearing Officer (*Title 34 of the Code of Federal Regulations § 300.502(b)(3)*).



# **APPENDIX A: Notice to Parents Regarding IEEs**

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## **Notice to Parents Regarding Independent Educational Evaluations (IEEs)**

Please read the information below before obtaining an Independent Educational Evaluation (IEE). Before obtaining an IEE, contact the Director of Special Education within your Local Education Agency (LEA) to discuss your assessment questions. An IEE obtained on a unilateral basis will not automatically be reimbursed. All requests for an IEE will be processed in accordance with the policy, procedures, and criteria set forth herein.

### **DEFINITIONS**

**Independent Educational Evaluation (IEE):** An evaluation conducted by a qualified examiner who is not employed by the Local Education Agency (LEA) responsible for the education of the child in question (Title 34 of the Code of Federal Regulations § 300.502).

**Qualified Examiner:** An examiner who is competent to perform the evaluations through criteria established within the Desert/Mountain SELPA Policy and Procedure Manual and in accordance with Education Code § 56322.

**Unilateral Parent Initiated Evaluation:** An evaluation obtained by the parent at private expense without prior approval of the LEA.

**Public Expense:** The LEA pays for the cost of the evaluation or ensures the evaluation is otherwise provided at no cost to the parent.

### **CONSIDERATION OF INDEPENDENT EDUCATIONAL EVALUATIONS**

An IEE is designed to assist in determining the educational needs of a child with a disability including eligibility, program decisions, and educational services. The IEP team is responsible for determining placements and services; therefore, the IEP team will consider recommendations designed to assist the child in making educational progress in accordance with this policy. IEEs will be considered in any decision made with respect to providing a Free Appropriate Public Education (FAPE) for the child.

A private educational evaluation that is initiated by the parent shall be considered in any decision made with respect to the provisions of FAPE to the child. A private evaluation obtained by the parent is different from an IEE. An IEE may be presented as evidence at a due process hearing regarding the child. All requirements outlined in the criteria for IEEs must be followed.

Federal regulations require that whenever an IEE is granted at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the public agency uses when performing a similar evaluation (*Title 34 of the Code of Federal Regulations § 300.502(a)*).

## PROCEDURES FOR PARENTS REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION AT PUBLIC EXPENSE

If a parent disagrees with an evaluation completed by the LEA and seeks an IEE, the LEA shall either initiate a due process hearing to obtain a determination that its evaluation is appropriate or will provide the parent with an opportunity to obtain an IEE within this policy (*Title 34 of the Code of Federal Regulations §§ 300.502(b) and 300.502(b)(2)(i)*).

The parent should contact the LEA's Director of Special Education for assistance in seeking an IEE.

The parent may be asked the reason that they object to the LEA's evaluation; however, there is no requirement that the parent specify areas of disagreement with the LEA's evaluation as a prior condition for obtaining the IEE.

If the IEE requested is accepted, the LEA shall provide the parents with the policy, procedures, and criteria for an IEE (Appendix A) (*Title 34 of the Code of Federal Regulations § 300.502(a)(2)*). The LEA shall offer the parent a non-exclusive list of public agencies and private individuals whom the LEA has determined are "qualified" in their respective areas of assessment (see Appendix B). The LEA does not specifically endorse any listed agency or individual. Other agencies and individuals may be considered if they meet the IEE qualified provider criteria. Cost guidelines are available for consideration (Appendix C). If a specific independent examiner is desired by the parents, the name and resume of the examiner must be provided so that the LEA may:

- Verify the qualifications, certifications and/or licensure of the examiner;
- Apply the location criteria; and
- Initiate and negotiate a contract with the examiner.

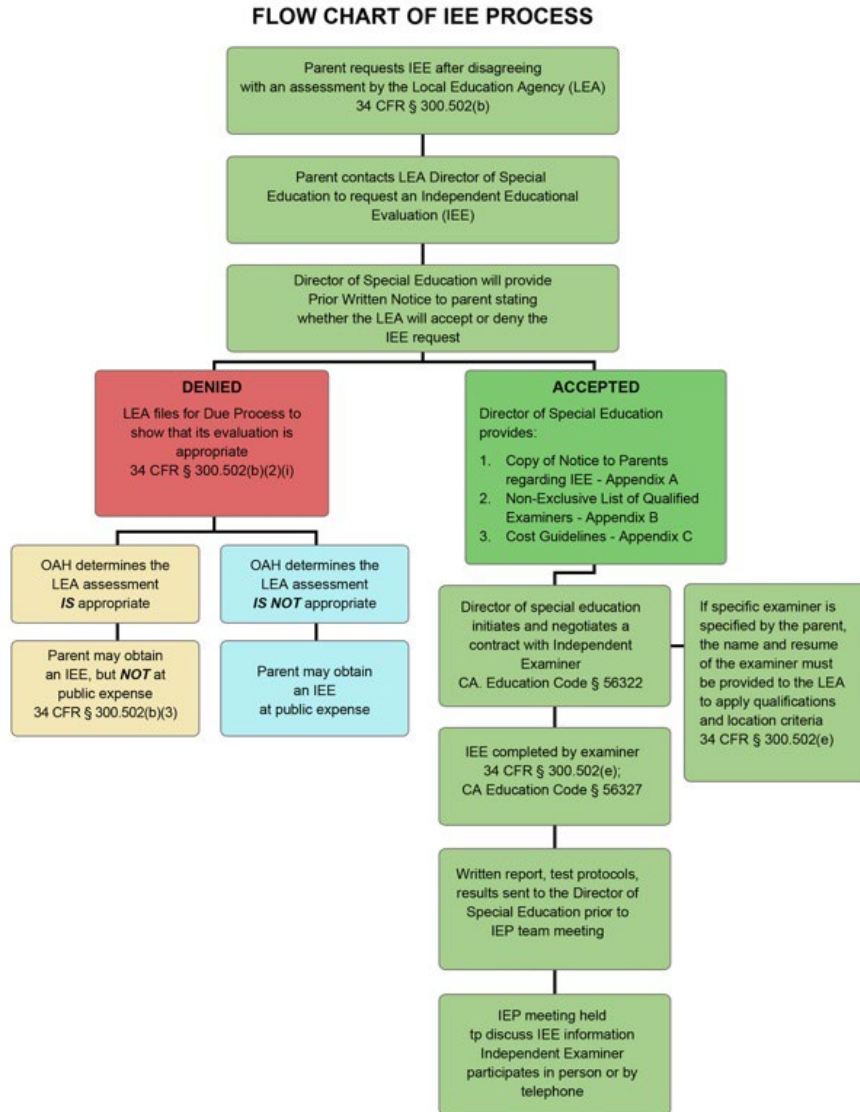
The LEA's Director of Special Education will provide Prior Written Notice (PWN) to the parent stating whether the LEA is accepting or denying the IEE. If the IEE is denied, the LEA will file for due process to determine the appropriateness of its assessment.

The LEA shall make arrangements for the independent examiner to ensure that the IEE is completed in a timely manner at LEA expense.

If the LEA initiates a hearing and the final decision is that the evaluation is appropriate, the parent still has the right to retain another individual to conduct an evaluation, but not at LEA expense (*Title 34 of the Code of Federal Regulations § 300.502(b)(3)*). If the LEA initiates a due process hearing and the final decision is that the LEA's evaluation is appropriate, no reimbursement shall be made unless ordered by a Hearing Officer.

All independent examiners are required to provide a written report and copies of the test protocols (Appendix D) to the LEA five days prior to the IEP meeting to review the IEE. The results of the IEE will be considered in making educational decisions required by IDEA 2004. The independent examiner will be required to participate in the IEP meeting by telephone or in person, at which

time the IEE is being discussed. The cost of the independent examiner’s participation in the IEP meeting will be included as part of the cost of conducting the IEE.



CRITERIA FOR OBTAINING AN IEE AT PUBLIC EXPENSE

1. Local Limitations for Independent Examiners

The independent examiner must be located within an 85-mile radius of the Desert/Mountain SELPA office or within a 40-mile radius of the LEA responsible for the LEA.

2. Minimum Qualifications for Independent Examiners

All assessments must be conducted in accordance with all requirements of federal and state laws including, but not limited to, observing the child in the appropriate setting (*Education*

*Code § 56327*) and conducting evaluations in accordance with *Education Code § 56320*. Examiners must meet the credentialing/licensing criteria listed below. All assessments must be conducted by individuals certified as competent as determined by the LEA (*Education Code § 56322*).

Clinical psychologists selected to perform independent evaluations must base the assessment on the required eligibility criteria (*Title 34 of the Code of Federal Regulations § 300.8; Title 5 of the California Code of Regulations § 3030*) that school psychologists utilize to determine eligibility for special education services and related services. While it is understood that psychological evaluations performed by clinical psychologists, who typically work outside of the school setting or in private practice, can include many of the same formal assessments as psychoeducational and neuropsychological evaluations in order to examine an individual’s psychological, emotional, and behavioral functioning, these findings are typically intended to guide diagnosis and treatment from a medical perspective, not from an educational perspective. Therefore, independent examiners conducting psychological assessments under an IEE should align assessment with the eligibility requirements in federal and state law that school psychologists rely on to determine eligibility for special education and related services. The examiner’s assessment should assist in determining specific areas of need, services, or supplemental aides that will support children with disabilities in educational settings. The assessment must be sufficiently comprehensive to identify all of the child’s special education and related service needs, whether or not commonly linked to the disability category being considered for the child and should help seek to understand the child’s learning style, and then guide the development of classroom accommodations and supports from an educational perspective.

The IEE must be administered by the examiner in the same type of location and/or setting as that used by the LEA in providing similar *evaluations (Title 34 of the Code of Federal Regulations § 300.502(e))*. If the LEA evaluation included classroom observations, the independent examiner will be given access to the classroom (*Education Code § 56327*).

Type of Assessment	Proposed Estimate	Qualifications
Adaptive Behavior	\$500 - \$1,000	Credentialed Special Education Teacher Credentialed School Psychologist Licensed Clinical Psychologist Licensed Educational Psychologist
Adapted Physical Education	\$1,000	Credential issued by the California Commission on Teacher Credentialing that authorizes service in adapted physical education
Assistive Technology	\$1,500 - \$2000	Credentialed Special Education Teacher Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist Credentialed Assistive Technology Specialist

<b>Type of Assessment</b>	<b>Proposed Estimate</b>	<b>Qualifications</b>
Augmentative/Alternative Communication (AAC)	\$1,500 - \$2,000	Credentialed Special Education Teacher Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist Credentialed Assistive Technology Specialist
Central Auditory Processing (Auditory acuity and perception)	\$1,500 - \$2,000	Licensed or Credentialed Audiologist Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist
Educationally Related Mental Health	\$2,500	Marriage Family Therapist (MFT) Licensed Clinical Social Worker (LCSW) Professional Clinical Counselor (PCC) PsyD – Doctorate in Clinical Psychology Ph.D. – Doctorate in Psychology Clinical Psychologist
Functional Behavior (Social/Emotional/Behavior/ Behavior Intervention)	\$2,500	Board Certified Behavior Analyst (BCBA) Credentialed School Psychologist School Counselor with Pupil Personnel Services (PPS) Credential Credentialed Special Education Teacher Licensed Clinical Psychologist Licensed Educational Psychologist (LEP) Licensed Clinical Social Worker (LCSW) Licensed Marriage and Family Therapist (LMFT) Professional Clinical Counselor (PCC)
Functional Vision (Acuity/Developmental Vision/Motor Integration/ Perception)	\$1,750	Credentialed Teacher of the Visually Impaired Credentialed School Psychologist Licensed Educational Psychologist (LEP) Licensed Ophthalmologist Optometrist
Health	\$500	Licensed Physician Credentialed School Nurse - trained and prepared to access cultural and ethnic factors appropriate to the student
Independent Multi-Disciplinary Evaluation	\$4,500	See individual evaluator qualifications
Neuro-Psychological Evaluation	\$4,500 - \$5,500	See individual evaluator qualifications
Occupational Therapy (Fine or Gross Motor)	\$1,000 - \$1,500	Licensed Occupational Therapist

Type of Assessment	Proposed Estimate	Qualifications
Orientation and Mobility for the Blind	\$1,000	Credential that authorizes services in orientation and mobility instruction in the State of California
Physical Therapy	\$1,500	Licensed Physical Therapist
Psycho-Educational (may include academic, adaptive functioning, cognition, psychological processing (auditory, visual, phonological processing), social/emotional functioning)	\$4,500	Credentialed School Psychologist Licensed Clinical Psychologist Licensed Educational Psychologist (LEP)
Speech and Language	\$1,750	Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist
Transition/Vocational	\$1,500 - \$2,000	Credentialed Teacher with a career development authorization Special Education Teacher Credentialed School Counselor with a Pupil Personnel Services (PPS) Credential

For a neuro-psychological evaluation, the specialist must possess an educational psychologist license or credential and appropriate education, training and experience in the administration and interpretation of neuro-psychological assessment tools.

3. Independent examiners must comply with all state and federal *requirements (Title 34 of the Code of Federal Regulations § 300.502(e))*.
4. Provision and/or Release of Independent Examiner’s Written Report

Independent educational examiners must agree to release their written report, test protocols (Appendix D), assessment information and results to the LEA prior to receipt of payment for services. The report should include:

- Examiner’s name, title, license, certification number;
- Original signature of the examiner; and
- Original assessment protocols (attached to the report) – see Appendix D for information on test protocols.

All independent educational examiners are required to provide a written report and copies of the test protocols five days prior to the IEP team meeting. The results from the IEE will be considered in the eligibility, program decisions, and educational services to the child

with disabilities as required by IDEA 2004 and Section 504 of the Rehabilitation Act of 1973.

5. A public agency may not impose conditions or timelines related to obtaining an IEE at public expense (*Title 34 of the Code of Federal Regulations § 300.502(e)*).

#### CRITERIA FOR DETERMINATION OF IEE FEES

The LEA will pay a fee that is routine and reasonable for the IEE, similar to those performed by qualified professionals in the local geographical area. Routine and reasonable fee is based on an average of a random sampling of fees charged by professionals providing services in the LEA/SELPA's area. The LEA shall make arrangements for the independent examiner to ensure that the IEE is completed in a timely manner at LEA expense.

An excessive fee is defined as one that is more than 25% higher than the routine and reasonable rate as defined in the cost guidelines in Appendix C. Parents will be allowed the opportunity to demonstrate to the LEA that unique circumstances justify IEE fees that do not fall within the criteria described in Appendix C.

#### Cost Guidelines:

When the LEA is negotiating the fee for an independent evaluation to be conducted at public expense, the following should be included in the fees:

- cost to conduct the assessment;
- mileage (for student observation and to IEP location);
- developing a written report and providing copies to the parent and LEA; and
- attending the IEP team meeting.

The independent educational examiner must agree to release their written report, test protocols (see OSEP Policy Letter – Appendix D), assessment information, and results to the LEA prior to the receipt of payment for services and at least five days prior to the IEP meeting. The results from the IEE will be considered in the eligibility, program decisions, and educational services to the child with disabilities as required by IDEA 2004. IEEs will be considered in any decisions made with respect to offers of FAPE made by the IEP team.

#### CIRCUMSTANCES RESULTING IN EVALUATIONS NOT FUNDED AT LEA EXPENSE

The LEA does not have an obligation to reimburse parents for private evaluations obtained prior to the date that the LEA's evaluation is completed and discussed in an IEP meeting.

Parent request for reimbursement for private evaluation may be allowable if:

1. The LEA's evaluation has not been provided in compliance with federal and state laws.
2. The privately obtained evaluation appropriately assessed the child in an area(s) of suspected disability, which was not assessed appropriately by the LEA.

Reimbursement will be in accordance with LEA procedures, cost guidelines outlined in Appendix C, and in an amount no greater than the actual cost to the parent. Reimbursement does not include observations/consultations with outside consultants.

If an IEE is requested as the result of a settlement agreement in a due process hearing, the Desert/Mountain SELPA will cover the costs incurred for the IEE as outlined in the settlement agreement.

If the LEA initiates a hearing and the final decision is that the evaluation is appropriate, the parent still has the right to obtain an IEE at their own expense. If the LEA initiates a due process hearing and the final decision is that the LEA's evaluation is appropriate, no reimbursement shall be made unless ordered by a Hearing Officer (*Title 34 of the Code of Federal Regulations § 300.502(b)(3)*).



## APPENDIX B: Non-Exclusive List of Qualified Examiners

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Type of Assessor	Name and Contact Information
Assistive Technology	<b>Augmentative Communication Therapies</b> Cindy Cottier 3850 Startouch Dr. • Pasadena, CA 91106 (626) 351-5402 Email: <a href="mailto:cacottier@cacottier.com">cacottier@cacottier.com</a>
Assistive Technology	<b>Elizabeth Gallardo, M.A. Ed, M.A., CCC-SLP, BCBA, QBA</b> P.O. Box 980 • La Habra, CA 90633 (562) 565-5107 Email: <a href="mailto:egallardoslpcba@gmail.com">egallardoslpcba@gmail.com</a>
Assistive Technology	<b>Hillside Therapy Inc.</b> Larry Silcock, OTR/L, Assistive Technology Specialist Alta Loma, CA 91737 (909) 208-8784
Assistive Technology	<b>Kouba Tech Solutions</b> Barbara J. Kouba P.O. Box 1106 • Helendale, CA 92342 (760) 784-5059 Email: <a href="mailto:bjkouba@gmail.com">bjkouba@gmail.com</a>
Assistive Technology	<b>Orange County Goodwill – ATEC</b> Lauren Wetzler, Manager 1601 East St. Andrew Place • Santa Ana, CA 92705 (714) 361-6200, ext. 226 Email: <a href="mailto:atec@ocgoodwill.org">atec@ocgoodwill.org</a> Website: <a href="http://www.ocgoodwill.org/">http://www.ocgoodwill.org/</a>
Augmentative Alternative Communication (AAC)	<b>Elizabeth Gallardo, M.A. Ed, M.A., CCC-SLP, BCBA, QBA</b> P.O. Box 980 • La Habra, CA 90633 (562) 565-5107 Email: <a href="mailto:egallardoslpcba@gmail.com">egallardoslpcba@gmail.com</a>
Autism/Behavior	<b>Applied Behavior Consultants, Inc. (ABC)</b> 800 Ferrari Lane, Ste 100 • Ontario, CA 91764 (909) 484-2848, ext. 15 • (909) 484-3504 FAX Website: <a href="http://www.appliedbehaviorconsultants.com/">www.appliedbehaviorconsultants.com/</a>
Autism/Behavior	<b>Autism Behavioral Consultants</b> 1880 Town & Country Rd., Ste B-101 • Norco, CA 92860 (951) 737-6300 • (951) 737-8779 FAX Website: <a href="http://www.autismbehaviorconsultants.net/">www.autismbehaviorconsultants.net/</a>

Type of Assessor	Name and Contact Information
Autism/Behavior	<b>Autism Spectrum Therapies, Inc.</b> 337 N. Vineyard Ave. • Ontario, CA 91764 28581 Old Town Front St. • Temecula, CA 92590 4719 Viewridge Ave., Ste 100, San Diego, CA 92123 147 E. Olive Ave. • Monrovia, CA 91016 (866) 727-8274 • (800) 459-4245 FAX Website: <a href="http://www.autismtherapies.com/">http://www.autismtherapies.com/</a>
Autism/Behavior	<b>Behavioral and Education Support Team (BEST)</b> 411 S. Magnolia Ave. • El Cajon, CA 92020 (619) 442-1271 • (619) 444-8182 FAX Website: <a href="http://bestautismservices.com/">http://bestautismservices.com/</a>
Autism/Behavior	<b>Center for Autism &amp; Related Disorders (CARD)</b> 802 Magnolia Ave., Ste 202 • Corona, CA 92879 (951) 686-2020 • (951) 686-2120 FAX Website: <a href="http://www.centerforautism.com/">http://www.centerforautism.com/</a>
Autism/Behavior	<b>Desert/Mountain Children’s Center (DMCC)</b> 17800 Highway 18 • Apple Valley, CA 92307 (760) 552-6700 • (760) 242-5363 FAX Website: <a href="http://www.cahelp.org/">http://www.cahelp.org/</a>
Autism/Behavior	<b>El Paseo Children’s Center</b> Palm Desert, California (760) 342-4900 Email: <a href="mailto:brent@epccsolutions.com">brent@epccsolutions.com</a> Website: <a href="http://www.elpaseotesting.com/">http://www.elpaseotesting.com/</a>
Autism/Behavior	<b>LeafWing Center</b> 15972 Tuscola Rd., Ste 102 • Apple Valley, CA 92307 (760) 242-3353 • (760) 242-3332 FAX 13440 Ventura Blvd., Ste 200 • Sherman Oaks, CA 91423 (818) 442-0921 • (800) 832-2321 FAX Email: <a href="mailto:info@leafwingcenter.org">info@leafwingcenter.org</a> Website: <a href="http://leafwingcenter.org/">http://leafwingcenter.org/</a>
Autism/Behavior	<b>People’s Care Autism Services</b> 13901 Amargosa Rd., Ste 202 • Victorville, CA 92392 (760) 512-1925 • (760) 301-0097 FAX Website: <a href="http://www.peoplescare.com/autism-services">http://www.peoplescare.com/autism-services</a>
Autism/Behavior	<b>Specialized Therapy Services</b> Steven Oas Satellite Clinic: 2820 Roosevelt Rd., Ste 104 • San Diego, CA 92106 Main Clinic: 4204-A Adams Ave. • San Diego, CA 92116 (619) 252-4557 • (619) 431-5049 Website: <a href="https://www.theoascenter.com/">https://www.theoascenter.com/</a>

Type of Assessor	Name and Contact Information
ERMHS/Functional Behavior <i>(Bilingual/Spanish/English)</i>	<b>Neuro-Educational Clinic</b> 6809 Indiana Avenue, Ste 131 • Riverside, CA 92506 (951) 266-6223 • Fax: (951) 267-2536 Website: <a href="http://www.neuroedclinic.com">www.neuroedclinic.com</a>
Functional Behavior	<b>Elizabeth Gallardo, M.A. Ed, M.A., CCC-SLP, BCBA, QBA</b> P.O. Box 980 • La Habra, CA 90633 (562) 565-5107 Email: <a href="mailto:egallardoslpbcba@gmail.com">egallardoslpbcba@gmail.com</a>
Occupational/Physical Therapy	<b>Casa Colina Children’s Services Center</b> Michele Alaniz, Clinical Director 255 East Bonita Ave. • Pomona, CA 91769 P.O. Box 6001 • Pomona, CA 91769 (909) 596-7733, ext. 4200 • (909) 596-3548 FAX Email: <a href="mailto:malaniz@casacolina.org">malaniz@casacolina.org</a> Website: <a href="http://www.casacolina.org">www.casacolina.org</a>
Occupational/Physical Therapy	<b>Desert/Mountain Children’s Center (DMCC)</b> 17800 Highway 18 • Apple Valley, CA 92307 (760) 552-65700 • (760) 242-5363 FAX Website: <a href="http://cahelp.org/">http://cahelp.org/</a>
Occupational/Physical Therapy	<b>Horizon Therapy Services</b> Kathleen Pinto, OT 8265 White Oak Ave. • Rancho Cucamonga, CA 91730 (909) 373-1641 • (909) 481-7657 or 0444 FAX Email: <a href="mailto:info@horizontherapyservices.com">info@horizontherapyservices.com</a> Website: <a href="http://www.horizontherapyservices.com/">http://www.horizontherapyservices.com/</a>
Neuro-Psychologist	<b>Susan Ferencz, Psy.D., ABSNP, LEP</b> 5101 E. La Palma Avenue, Ste 100D • Anaheim, CA 92807 (714) 337-9465 Email: <a href="mailto:sferenczpsyd@outlook.com">sferenczpsyd@outlook.com</a>
Neuro-Psychologist <i>(Bilingual/Spanish/English)</i>	<b>Veronica I. Olvera, Psy.D./Neuro-Educational Clinic</b> 6809 Indiana Avenue, Ste 131 • Riverside, CA 92506 (951) 266-6223 • Fax: (951) 267-2536 Email: <a href="mailto:dr.veronica@neuroedclinic.com">dr.veronica@neuroedclinic.com</a>
Psychologist	<b>Doran A. Dula, Psy.D.</b> 250 West First St., Ste 352 • Claremont, CA 91711 (909) 624-TEST • (909) 626-4507
Psychologist	<b>Veronica Escoffery-Runnels, Ed.D.</b> University of LaVerne 1950 Third St. • LaVerne, CA 91750 (909) 593-3511, ext. 4387
Psychologist	<b>Susan Ferencz, Psy.D., ABSNP, LEP</b> 5101 E. La Palma Avenue, Ste 100D • Anaheim, CA 92807 (714) 337-9465 Email: <a href="mailto:sferenczpsyd@outlook.com">sferenczpsyd@outlook.com</a>

Type of Assessor	Name and Contact Information
Psychologist	<b>Madison M. Kendrick, LMFT</b> Licensed Educational Psychologist, #3031 P.O. Box 2888 • Wrightwood, CA 92397 (760) 912-5780 Email: <a href="mailto:mmkendrick@msn.com">mmkendrick@msn.com</a>
Psychologist	<b>Richard J. Kleindienst, Ph.D.</b> 2823 Nevada Way • Riverside, CA 92506 (951) 660-8394
Psychologist (Bilingual/Spanish/English)	<b>Sonia Najera/Psychological Services by Sonia Najera, Inc.</b> Licensed Educational Psychologist, #3868 (760) 559-2508 Email: <a href="mailto:snajerapsych@gmail.com">snajerapsych@gmail.com</a>
Psychologist	<b>Wendy Ness</b> (760) 900-6845 Email: <a href="mailto:wendyness@outlook.com">wendyness@outlook.com</a>
Psychologist (Bilingual/Spanish/English)	<b>Veronica I. Olvera, Psy.D./Neuro-Educational Clinic</b> 6809 Indiana Avenue, Ste 131 • Riverside, CA 92506 (951) 266-6223 • Fax: (951) 267-2536 Email: <a href="mailto:dr.veronica@neuroedclinic.com">dr.veronica@neuroedclinic.com</a>
Psychologist	<b>Federico Parres, Ph.D.</b> (909) 241-8582
Psychologist	<b>Rebecca L. Parres</b> (909) 938-2477
Psychologist	<b>Dr. Jerry L. Turner, LEP (#2966)</b> 1584 Green Creek Trail • Beaumont, CA 92223 (951) 453-8721 • Fax: (760) 841-5503 Email: <a href="mailto:DrJerryTurner@gmail.com">DrJerryTurner@gmail.com</a>
Psychologist	<b>Dr. Dudley Wiest</b> 1110 East Chapman, Ste 202 • Orange, CA 92866 (714) 744-9754 • (714) 744-1830 FAX Website: <a href="http://www.dudleywiestphd.com">www.dudleywiestphd.com</a>
Psychologist	<b>Desert/Mountain Children's Center (DMCC)</b> 17800 Highway 18 • Apple Valley, CA 92307 (760) 552-6700 • (760) 242-5363 FAX Website: <a href="http://cahelp.org/">http://cahelp.org/</a>
Speech and Language	<b>Ardor Health Solutions, Inc.</b> 5830 Coral Ridge Dr., Ste 300 • Coral Springs, FL 33076 (866) 425-5768 • (888) 308-1147 Website: <a href="http://www.ardorhealth.com/">http://www.ardorhealth.com/</a>
Speech and Language	<b>Augmentative Communication Therapies</b> Cindy Cottier 3850 Startouch Dr. • Pasadena, CA 91106 (626) 351-5402 Email: <a href="mailto:cacottier@cacottier.com">cacottier@cacottier.com</a> <i>(NOTE: Evaluation does not include general special and language or articulation)</i>

Type of Assessor	Name and Contact Information
Speech and Language	<b>Casa Colina Children’s Services Center</b> Michele Alaniz, Clinical Director 255 East Bonita Ave. • Pomona, CA 91769 P.O. Box 6001 • Pomona, CA 91769 (909) 596-7733, ext. 4200 • (909) 596-3548 FAX Email: <a href="mailto:malaniz@casacolina.org">malaniz@casacolina.org</a> • Website: <a href="http://www.casacolina.org">www.casacolina.org</a>
Speech and Language (Bilingual/Spanish/English)	<b>Elizabeth Gallardo, M.A. Ed, M.A., CCC-SLP, BCBA, QBA</b> P.O. Box 980 • La Habra, CA 90633 (562) 565-5107 Email: <a href="mailto:egallardoslpcbba@gmail.com">egallardoslpcbba@gmail.com</a>
Speech and Language (Bilingual/Spanish/English)	<b>Neuro-Educational Clinic</b> 6809 Indiana Avenue, Ste 131 • Riverside, CA 92506 (951) 266-6223 • Fax: (951) 267-2536 Website: <a href="http://www.neuroedclinic.com">www.neuroedclinic.com</a>
Speech and Language	<b>Denise Parks, MA, CCC-SLP</b> (951) 347-0155 Email: <a href="mailto:couponqueenslp@gmail.com">couponqueenslp@gmail.com</a>
Speech and Language	<b>Sound Therapies</b> Rachel Zijlstra 3551 Redwood St. • San Diego, CA 92104 (619) 641-7744 • (866) 547-8918 FAX Website: <a href="http://soundtherapiesinc.com/">http://soundtherapiesinc.com/</a>
Speech and Language	<b>Specialized Therapy Services</b> Steven Oas Satellite Clinic: 2820 Roosevelt Rd., Ste 104 • San Diego, CA 92106 Main Clinic: 4204-A Adams Ave. • San Diego, CA 92116 (619) 252-4557 • (619) 431-5049 Website: <a href="https://www.theoascenter.com/">https://www.theoascenter.com/</a>
Transition/Vocational	<b>Anjali Atkins-BizPop Transition Solutions</b> (562) 316-4859 Email: <a href="mailto:aatkins42@gmail.com">aatkins42@gmail.com</a>
Transition/Vocational (Bilingual/Spanish/English)	<b>Neuro-Educational Clinic</b> 6809 Indiana Avenue, Ste 131 • Riverside, CA 92506 (951) 266-6223 • Fax: (951) 267-2536 Website: <a href="http://www.neuroedclinic.com">www.neuroedclinic.com</a>
Transition/Vocational	<b>Phyllis Perloth-Picture What’s Next</b> (858) 336-1857 Email: <a href="mailto:Phyllis.picturewhatsnext@gmail.com">Phyllis.picturewhatsnext@gmail.com</a>
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Type of Assessor	Name and Contact Information
Vision Assessment	<b>Southern California College of Optometry</b> Eye Care Center at Fullerton Catherine Heyman, O.D. 2575 Yorba Linda Blvd. • Fullerton, CA 92831 (714) 992-7845 Email: <a href="mailto:cheyman@ketchum.edu">cheyman@ketchum.edu</a> Website: <a href="http://www.ketchumhealth.org">www.ketchumhealth.org</a>

## APPENDIX C: Suggested Cost Guidelines for Assessment

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Type of Assessment	Proposed Estimate	Qualifications
Adaptive Behavior	\$500 - \$1,000	Credentialed Special Education Teacher Credentialed School Psychologist Licensed Clinical Psychologist Licensed Educational Psychologist
Adapted Physical Education	\$1,000	Credential issued by the California Commission on Teacher Credentialing that authorizes service in adapted physical education
Assistive Technology	\$1,500 - \$2,000	Credentialed Special Education Teacher Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist Credentialed Assistive Technology Specialist
Augmentative/Alternative Communication (AAC)	\$1,500 - \$2,000	Credentialed Special Education Teacher Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist Credentialed Assistive Technology Specialist
Central Auditory Processing (Auditory acuity and perception)	\$1,500 - \$2,000	Licensed or Credentialed Audiologist Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist
Educationally Related Mental Health	\$2,500	Marriage Family Therapist (MFT) Licensed Clinical Social Worker (LCSW) Professional Clinical Counselor (PCC) PsyD – Doctorate in Clinical Psychology Ph.D. – Doctorate in Psychology Clinical Psychologist
Functional Behavior (Social/Emotional/Behavior/Behavior Intervention)	\$2,500	Board Certified Behavior Analyst (BCBA) Credentialed School Psychologist School Counselor with Pupil Personnel Services (PPS) Credential Credentialed Special Education Teacher Licensed Clinical Psychologist Licensed Educational Psychologist (LEP) Licensed Clinical Social Worker (LCSW) Licensed Marriage and Family Therapist

Type of Assessment	Proposed Estimate	Qualifications
		(LMFT) Professional Clinical Counselor (PCC)
Functional Vision (Acuity/Developmental Vision/Motor Integration/ Perception)	\$1,750	Credentialed Teacher of the Visually Impaired Credentialed School Psychologist Licensed Educational Psychologist (LEP) Licensed Ophthalmologist Optometrist
Health	\$500	Licensed Physician Credentialed School Nurse - trained and prepared to access cultural and ethnic factors appropriate to the student
Independent Multi-Disciplinary Evaluation	\$4,500	See individual evaluator qualifications
Neuro-Psychological Evaluation	\$4,500 - \$5,500	See individual evaluator qualifications
Occupational Therapy (Fine or Gross Motor)	\$1,000 - \$1,500	Licensed Occupational Therapist
Orientation and Mobility for the Blind	\$1,000	Credential that authorizes services in orientation and mobility instruction in the State of California
Physical Therapy	\$1,500	Licensed Physical Therapist
Psycho-Educational (may include academic, adaptive functioning, cognition, psychological processing (auditory, visual, phonological processing), social/emotional functioning)	\$4,500	Credentialed School Psychologist Licensed Clinical Psychologist Licensed Educational Psychologist (LEP)
Speech and Language	\$1,750	Credentialed Speech and Language Pathologist Licensed Speech and Language Pathologist
Transition/Vocational	\$1,500 - \$2,000	Credentialed Teacher with a career development authorization Special Education Teacher Credentialed School Counselor with a Pupil Personnel Services (PPS) Credential



## **APPENDIX D: Test Protocols (OSEP Policy Letter)**

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August 7, 2007

Honorable Bill Shuster  
U.S. Representative  
Ninth District of Pennsylvania  
647 Philadelphia Street, Suite 304  
Indiana, PA 15701

Dear Congressman Shuster:

Thank you for your letter of June 9, 2007 to Dr. Alexa Posny, then Director of the Office of Special Education Programs with the U.S. Department of Education, on behalf of your constituent. In the letter to Dr. Posny, you indicated that your office received a June 4, 2007 letter from X in which he expressed dissatisfaction with the issues and records being released for his son in accordance with the Educational Rights and Privacy Act (FERPA). You used your letter as an opportunity to follow up with Dr. Posny about the status of this case, and requested information be offered in a letter that would be helpful to you in responding to your constituent.

As stated in an April 12, 2007 letter to you from Dr. Posny, in an effort to resolve this matter, Hugh Reid, then the Office of Special Education Programs (OSEP) contact to Pennsylvania, contacted X on April 10, 2007 seeking, and receiving, permission to speak with the Pennsylvania Department Education (PDE), Bureau of Special Education (BSE). Mr. Reid contacted BSE and spoke with Mr. Thomas Reich, Acting Chief, Division of Compliance, Monitoring and Planning for Western Pennsylvania. Mr. Reich indicated that he would contact X directly, specifically to: (1) assist X with the resolution of his issues with PDE; (2) if necessary, assist X with filing a complaint under the Individuals with Education Act (IDEA), as specified in *34 CFR §§300.151 through 300.153*; and (3) provide oversight of the process on behalf of Mr. John Tommasini, Director of Special Education, PDE.

Since X continues to express dissatisfaction with PDE and the U.S. Department of Education's efforts to resolve his concerns, it might be helpful in this correspondence to explain how the IDEA regulations define "education records" and access to those records. *34 CFR §300.611(b)* defines education records the type of records covered by FERPA as implemented by regulations in *34 CFR part 99*. Under §99.3 (of the FERPA regulations), the term "education records" is broadly defined to mean those records that directly relate to a student that are maintained by an educational agency or institution or by a party acting for the agency or institution. (FERPA applies to all educational agencies and institutions to which funds have been made available under any program administered by the Secretary of Education. *34 CFR §99.1*.)

Parents of children with disabilities have access rights to education records under *34 CFR §300.613*. This provision requires that, "Each participating agency must permit parents to inspect and review any education records relating to their children that are collected, maintained, or used by the agency under this part." The provision does not necessarily require the public agency to provide copies of the records unless the "failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records." *34 CFR §300.613(b)(2)*.

Since X's request for his son's education records includes a request for test protocols, we are providing to you our long-standing policy regarding test protocols as education records and our policy regarding providing copies of copyrighted materials (such as test protocols) to parents. This policy is contained in the Analysis of Comments and Changes section of the 1999 IDEA regulations. Our policy remains the same. The discussion from the 1999 regulations regarding these issues states:

Records that are not directly related to a student and maintained by an agency or institution are not "education records" under FERPA and parents do not have a right to inspect and review such records. For example, a test protocol or question booklet which is separate from the sheet on which a student records answers and which is not personally identifiable to the student would not be part of his or her "education records." However, Part B and FERPA provide that an educational agency or institution shall respond to reasonable requests for explanations and interpretations of education records. (*34 CFR §300.562(b)(1)*; *34 CFR §99.10(c)*). Accordingly, if a school were to maintain a copy of a student's test answer sheet (an "education record"), the parent would have a right under Part B and FERPA to request an explanation and interpretation of the record. The explanation and interpretation by the school could entail showing the parent the test question booklet, reading the questions to the parent, or providing an interpretation for the responses in some other adequate manner that would inform the parent.

With respect to the issue of liability for disclosing information to parents when other laws or contractual obligations would prohibit it, public agencies are required to comply with the provisions of IDEA and FERPA and must ensure that State law and other contractual obligations do not interfere with compliance with IDEA and FERPA. Federal copyright law protects against the distribution of copies of a copyrighted document, such as a test protocol. Since IDEA and FERPA generally do not require the distribution of copies of an education record, but rather parental access to inspect and review, Federal copyright law generally should not be implicated under these regulations.

There is nothing in the legislative history of section 615(b)(1) of the Act to suggest that it expanded the scope of information available to parent examination beyond those records that they would have access to under FERPA.

*644 Fed. Reg. 12605, 12641 (March 12, 1999)*

Page 3 — Honorable Bill Shuster

If, after reviewing this information, X continues to believe that PDE has denied his right to access his son's education records, he may file a State complaint under *34 CFR §300.153*.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U. S. Department of Education of the IDEA in the context of the specific facts presented.

If you have further questions, please do not hesitate to contact me.

Sincerely,

/s/

Patricia J. Guard  
Acting Director  
Office of Special Education Programs

# APPENDIX E: Reimbursement Request (SELPA Form D/M 83)

DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA  
 DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA  
 17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  
 (760) 552-6700 • (760) 242-5363 FAX



## Assistive Technology Assessment and Independent Educational Evaluation Reimbursement Request Form

### LEA USE ONLY

**DIRECTIONS:** COMPLETE THE ATA AND IEE REIMBURSEMENT REQUEST FORM AND SUBMIT THE FORM TO THE DESERT/MOUNTAIN SELPA FOR APPROVAL.

LEA: \_\_\_\_\_ Fiscal or School Year: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I HEREBY CERTIFY THAT THE EXPENDITURES REPORTED BELOW HAVE BEEN MADE AND THE FUNDS HAVE BEEN EXPENDED IN ACCORDANCE WITH FEDERAL AND STATE LAWS AND REGULATIONS. I FURTHER ACKNOWLEDGE THAT THE LEA MUST SUBMIT ALL RECORDS OF RECEIPTS AND EXPENDITURES FOR SELPA REVIEW/AUDIT.

Authorized Representative Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASSESSMENT DATE	STUDENT NAME	ASSESSING AGENCY	TYPE OF ASSESSMENT	TOTAL COST FOR ASSESSMENT	AMOUNT TO BE REIMBURSED

LEA ACCOUNT NUMBER TO RECEIVE PAYMENT OR TRANSFER TO: \_\_\_\_\_

### SELPA USE ONLY

SELPA Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 SELPA Administrator

<b>AMOUNT REQUESTED</b>	<b>AMOUNT APPROVED</b>
\$ _____	\$ _____

Purchase Order #: \_\_\_\_\_

# **APPENDIX F: Referral to the Desert/Mountain Children’s Center for Occupational Therapy (OT), Psychoeducational, or Speech and Language Evaluation**

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## **INDEPENDENT EDUCATIONAL EVALUATION (IEE) Occupational Therapy, Psycho-education, and Speech**

*The Desert/Mountain Children’s Center (DMCC) provides independent educational evaluations (IEEs) in the areas of occupational therapy, psycho-educational, and speech and language. These services are provided to participating local educational agencies (LEAs) on a fee-for-service basis. The LEA may request reimbursement of the IEE under the yearly stipend, if available, by completing and submitting the Assistive Technology and Independent Educational Evaluation Reimbursement Request form (D/M 83), and supporting documentation. Form D/M 83 must be submitted to the SELPA office before the end of each year.*

*An IEE is an evaluation conducted by a qualified examiner who is not employed by the LEA or public agency responsible for the education of the student. Since the student’s educational program are determined by the results of assessments, a parent/guardian who disagrees with an LEA’s evaluation has the right to obtain an IEE at public expense to identify the student’s disabilities and resulting educational needs. A parent/guardian is entitled to only one IEE at public expense each time the LEA conducts an evaluation with which the parent/guardian disagrees (34 CFR 300.502). The disagreement of the LEA’s evaluation has a two-year window.*

*The Referral for Independent Educational Evaluation (DMCC 100F) is a contractual agreement between the DMCC and the LEA requesting an IEE.*

## **Pre-Referral: Local Education Agency (LEA) Responsibility**

1. Provide parent/guardian with a Prior Written Notice (PWN) letter stating the LEA is accepting the request for an IEE in the appropriate area to be evaluated by the DMCC.
2. Provide the parent/guardian copies of the following:
  - Notice to Parents Regarding IEEs (SELPA Policy Appendix A, Chapter 25: Guidelines for IEE)
  - Non-exclusive List of Qualified Examiners (SELPA Policy Appendix B, Chapter 25: Guidelines for IEE)

NOTE: The LEA is obligated to inform the parent/guardian of their right to obtain an IEE, where they may obtain an IEE, and conditions for obtaining an IEE at public expense. (Refer to SELPA Policy, Chapter 25, Appendices A, B, and C).

3. Complete the Referral for Independent Educational Evaluation form (DMCC 100F) selecting the type evaluation being requested: whether “Occupational Therapy, Psycho-educational, or Speech and Language,” and obtain the signature of the director of special education. By signing the referral, the director of special education acknowledges the LEA is responsible for the cost of the IEE.
4. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency as the Desert/Mountain Children’s Center.

### **Referral Procedures Checklist:**

Forward the following documents to the attention of the Director of the DMCC.

- DMCC 100F Referral for Independent Educational Evaluation form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- Occupational Therapy, Psycho-educational, or Speech and Language prior evaluation report, if available and as applicable to the IEE request, that specifies services the student was receiving and the goals related to the services
- IEP or IEP Addendum dated within one year of the referral for an IEE to the DMCC to assess in the identified area of need
- Psycho-educational evaluation dated within three years of the referral for an IEE to the DMCC
- Any additional supporting information

## **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Director of the DMCC shall:

1. Assign and forward the *Referral for Independent Educational Evaluation form* (DMCC 100F) to a credentialed, certified and/or licensed DMCC evaluator.
2. Forward a copy of the *Referral for Independent Educational Evaluation form* (DMCC 100F) to the appropriate support person to document in client file and route to the DMCC Business Office.

The assigned DMCC evaluator shall:

1. Contact the parent/guardian and LEA to coordinate assessment needs. Parent/guardian is responsible for making the child available for the assessment (including transportation).
2. Release a copy of his/her written evaluation report to the LEA prior to the IEP team meeting. Report must include examiner's name, title, license, certification number; original signature of the examiner; and original assessment protocols (SELPA Policy Chapter 25, Appendix D)
3. Attend/participate in IEP meeting to be scheduled by the LEA, to review his/her evaluation report.

**NOTE:** Although a public agency may not impose conditions or timelines related to obtaining an IEE at public expense (*34 CFR 300.502(e)*), the IEE must be completed without unreasonable delay.

## **Timeline for Services**

Based on the IEP team's review and considerations at the IEP team meeting, the team shall develop an appropriate IEP for the student and implement those services and supports necessary to provide the student with educational benefit.



### Desert/Mountain Children's Center

♦ 17800 Highway 18, Apple Valley, CA 92307 (760) 552-6700 (760) 948-0819 FAX 42007  
 ♦ Fox Farm Rd. Ste 2A, P.O. Box 1963, Big Bear Lake, CA 92315 (909) 866-2165 (909) 866-5653 FAX  
 ♦ 58967 Business Center Dr., C, D & E, Yucca Valley, CA 92284 (760) 369-3130 (760) 365-2695 FAX

#### Referral for Independent Educational Evaluation (IEE)

Occupational Therapy (OT)       Psycho-educational       Speech and Language

Referred by: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 LEA: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Client/Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
 Attending School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please attach the following documents to this referral:**

- Current IEP or IEP Addendum
- Psycho-educational report dated within three years
- Signed Authorization for Use and/or Disclosure of Information (D/M 63)
- Other supporting information: \_\_\_\_\_

**Authorization for Use and/or Disclosure of Information:** Authorizes the LEA to exchange confidential/privilege information, including information regarding mental health treatment, in order to develop and implement an individualized education program for the above mentioned student. By signing the Authorization for Use and/or Disclosure of information (D/M 63), the parent/guardian acknowledges that he/she consents to the IEE and authorizes the LEA and the DMCC to exchange confidential/privileged information, including information regarding mental health treatment, in order to develop and implement an individualized education program for the student.

The LEA and DMCC understand that the exchange of information may not further be used or disclosed outside of its intended purpose under this referral for evaluation, unless another authorization is obtained or unless such use or disclosure is specifically required or permitted by law.

**ADDITIONAL INFORMATION REQUIRED**



## **APPENDIX G: Sample IEE Letters to Parents**

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### **G-1: Letter to Parent re: IEE BEING CONSIDERED and PROVIDING RIGHTS and IEE POLICY. (Place on letterhead and customize as appropriate.)**

DATE

PARENT NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Request for Independent Educational Evaluation

Dear PARENT NAME:

Our office has reviewed your INSERT DATE request for an Independent Educational Evaluation (IEE) for your student, INSERT 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,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

Enclosures: SELPA/District IEE Policy  
Procedural Safeguards

**G-2: Letter to Parent re: AGREE TO IEE and OFFER AN ASSESSOR and ENCLOSE RIGHTS WITH IEE POLICY. (Place on letterhead and customize as appropriate.)**

DATE

PARENT NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Request for Independent Educational Evaluation

Dear PARENT NAME:

Our office has reviewed your INSERT DATE request for an Independent Educational Evaluation (IEE) for your student, INSERT 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 NAME AND CONTACT INFORMATION FOR THE 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,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

Enclosures: SELPA/District IEE Policy  
Procedural Safeguards

**G-3: Follow-up Letter to Parent re: AGREE TO IEE and OFFER AN ASSESSOR and ENCLOSE RIGHTS WITH IEE POLICY. (Place on letterhead and customize as appropriate.)**

DATE

PARENT NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Request for Independent Educational Evaluation

Dear PARENT NAME:

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

In a letter dated INSERT DATE, the District agreed to conduct the IEE for your student and offered to utilize the services of INSERT ASSESSOR(S) NAME(S) AND TITLE(S) to complete this evaluation. In that correspondence, we also offered to consider the qualifications of any evaluators you may 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 an agreement on the assessor.

The District continues to offer INSERT ASSESSOR(S) NAME(S) AND TITLE(S) 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 INSERT PHONE NUMBER.

Sincerely,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

Enclosures: SELPA/District IEE Policy  
Procedural Safeguards

**G-4a: COVER LETTER TO PARENT-REQUESTED INDEPENDENT EVALUATOR. (Place on letterhead and customize as appropriate.)**

DATE

ASSESSOR NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Request for Information

Dear INSERT ASSESSOR'S NAME:

A parent of a student in the INSERT 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 any questions, please feel free to contact me at INSERT PHONE NUMBER.

Sincerely,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

Enclosures: Qualification Review for Independent Evaluator

## **G-4b: QUALIFICATION REVIEW OF INDEPENDENT EVALUATORS.**

### **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 INSERT 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 the 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?

Signing below indicates your understanding of our Payment Policy. Once you have completed the evaluation/assessment you will need to send the written report to the District at the address below along with an invoice indicating the amount owed. We will then begin to process a purchase order for payment within INSERT # OF DAYS FOR PAYMENT PROCESSING days. NOTE: CONFIRM DISTRICT POLICY; ADD ANY ADDITIONAL INFO REGARDING PAYMENT.

Signature of Independent Evaluator:

Please forward your responses and relevant documents to:

INSERT DISTRICT NAME

INSERT DEPARTMENT

INSERT ADDRESS

INSERT CITY/STATE/ZIP CODE

INSERT NAME OF CONTACT

**G-5: Follow-up Letter to Parent re: ASSESSOR NOT QUALIFIED. (Place on letterhead and customize as appropriate.)**

DATE

PARENT NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Requested Assessor Not Qualified

Dear PARENT NAME:

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

After reviewing the qualifications 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 THIS ASSESSOR AND WHY ASSESSOR DOES NOT MEET SELPA QUALIFICATION (I.E. 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 INSERT DATE/TIME/LOCATION FOR 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,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

**G-6: Follow-up Letter to Parent re: PARENT-REQUESTED ASSESSOR NOT QUALIFIED: AGREEING REGARDLESS (Place on letterhead and customize as appropriate.)**

DATE

PARENT NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Requested Assessor Qualifications

Dear PARENT NAME:

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

After reviewing the qualifications 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 THIS ASSESSOR AND WHY ASSESSOR DOES NOT MEET SELPA QUALIFICATION (I.E. 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 dispute and in the interest of compromise regarding the selection of an assessor, the District is agreeing to utilize the services of INSERT NAME OF REQUESTED ASSESSOR.

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

Sincerely,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

**G-7: Letter to Parent re: REQUEST FOR DUE PROCESS HEARING (Place on letterhead and customize as appropriate.)**

DATE

PARENT NAME

ADDRESS

CITY, STATE, ZIP CODE

Re: Request FOR Due Process Hearing and Prior Written Notice

Dear PARENT NAME:

The INSERT DISTRICT NAME has reviewed your request for an Independent Educational Evaluation (IEE) of your student, INSERT STUDENT NAME, which was received on INSERT DATE. The District finds that the evaluation of INSERT 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 INSERT 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 the requested IEE. The District declines your request for an IEE in the following area(s): INSERT REQUESTED IEE ASSESSMENT(S). The District is refusing this action because it believes the assessment conducted by the District complied with all the relevant education codes and was appropriate. The District reviewed the following in making this determination:

1. INSERT ASSESSMENT REPORT TYPE AND DATE
2. Test Protocol INSERT SUFFICIENT SPECIFICS TO IDENTIFY EACH PROTOCOL
3. Assessment Plan, INSERT DATE OF PLAN
4. 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 INSERT 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 INSERT DISTRICT PHONE NUMBER to schedule an appointment.

Sincerely,

INSERT ADMINISTRATOR NAME

INSERT ADMINISTRATOR TITLE

Enclosures:   Procedural Safeguards  
                  Request for Mediation and Hearing