

**INDEPENDENT EDUCATIONAL EVALUATION (IEE)
Request for Payment**

Student: _____ Parent(s): _____
 Date of Birth: _____ Parent Address: _____
 Grade: _____
 School: _____ Phone: _____

Date	Time (15 minute units)	Purpose/Procedure/Item	Unit Cost

The examiner shall contact the Director of Pupil Services prior to beginning the evaluation for the purpose of determining the unit cost for the IEE. Unit rates are subject to training and experiences consistent with District personnel practices. The examiner shall submit transcript, certification, and experience verification to the Director of Pupil Services. All unit costs will be pro-rated by administrators per the Independent educational evaluation maximum cost schedule. Failure to submit qualified documentation will be sufficient reason for the District to reject the examiner as a qualified examiner to conduct an IEE at public expense.

The School District of Bayfield reserves the right to investigate an examiner, IEE and/or claim prior to making payment.

I verify the above factual information (date, time, item and unit cost).

Provider Signature

Parent Signature

Date

Date

Approved: 01-14-02