

Independent Educational Evaluation Provider Information - 2020-2021

Please complete the following information and attach documents as appropriate.

Evaluator Name(s)	
Agency/Business	
Street Address City, State & Zip Code	
Licensure/Credential(s)	
Website (if applicable)	
Contact person (if different from above)	
Phone	
Cell	
Fax	
Email	
Bilingual assessors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate language:
Public School employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate district:
Are you a STRS benefit recipient? (i.e., are you drawing STRS retirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you will be provided with required notices by contracting districts)
Type of IEE you can provide and rate. Please provide estimated total cost , a range is acceptable. (e.g., \$1500-\$2000)	
Please describe what the rate includes (e.g., review of records, observation, attendance at an IEP, etc.).	

By submitting this form, you are confirming that you have reviewed the IEE policy established by the Solano County SELPA and agree to adhere to this policy.

Please submit your responses and relevant documents via email to info@SolanoCountySELPA.net or via US Mail to Solano County SELPA, 5100 Business Center Drive, Fairfield, CA 94534.