UW AUTISM CENTER
UNIVERSITY of WASHINGTON

Today's Date: _____

INDEPENDENT EDUCATIONAL EVALUATION REQUEST

Welcome to the University of Washington Autism Center (UWAC), where we are proud to offer a variety of diagnostic assessments, intervention, and training services for individuals with autism spectrum disorders and their families – including Independent Educational Evaluations (IEEs). The UWAC provides recognized professional expertise in the field of autism. Our clinicians are specially trained and possess the necessary skills, experience, education, and licenses or credentials to provide an IEE. IEEs at the UWAC may be completed by a clinical psychologist, speech language pathologist, and/or behavior analyst. An IEE may involve one or more professionals depending upon the goal(s) of the IEE. An IEE will include several sessions (e.g. assessment, observation, records review, and interview), a written report, and a feedback session. If more than one professional/service is involved in the IEE, those involved will collaborate with each other in regards to the IEE and every attempt will be made to have all professionals attend the final feedback session. The family and school district representatives will be required to attend the final feedback session.

This document will help us get started in determining how and by whom this IEE will be completed at the UWAC. After we have received this completed request form we will begin the process of assigning this IEE to appropriate clinicians. Please let us know if you have any questions.

Name of Agency: _____

Billing Contact Person: _____

Billing Address: _____

Role: _____ Email: _____

Phone: _____ Fax: _____

School Contact Person: _____

Role: _____ Email: _____

Phone: _____ Fax: _____

Student's Teacher: _____ School:_____

School Address: _____

Teacher Questionniares will be mailed to school address.

Parent/Caregiver Name: _____

Address: _____

Phone: _____ Email: _____

Student Name: _____ Student's Gender: □ Female □ Male

Student's Current Grade: _____ Student's DOB: _____

Ethnicity**:** □ Asian □ African American □ Caucasian □ Hispanic □ Native American
□ Other _____

If living with parents, are parents divorced or separated? ☐ Yes ☐ No
If Yes, please indicate the type of custody: ☐ Joint ☐ Sole Name: _____

Primary Language Spoken in the Home: _____

Other Languages Spoken: _____

Please identify the specific areas of student's education plan to be evaluated as part of this IEE.

Please answer the following questions regarding this IEE.

Has the student ever been diagnosed with autism spectrum disorder?

What are the goals of the IEE? What are specific questions you are looking to answer?

What services is the student currently receiving?

Are there any concerns about aggression? If yes, please explain:

Was there an area of disagreement regarding the student's educational plan (e.g. eligibility, IEP, FBA/BIP, IEP goals/progress, PLOPs)? If yes, please explain:

PLEASE FAX, EMAIL OR MAIL COMPLETED FORM TO:

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University of Washington Autism Center
Box 357920 Seattle, WA 98195-7920

Phone: 206-221-5674 **Fax: 206-598-7815** **Email: rtalley@uw.edu**

FOR OFFICE USE ONLY

☐ Psychological/Diagnostic Evaluation	☐ Cognitive Level	☐ Academics
☐ Emotion/Behavior Functioning	☐ Adaptive Functioning	☐ Speech/Language
☐ Executive Functioning	☐ Social Skills	☐ AAC
☐ IEP Goals and Progress	☐ Learning Environment	☐ FBA/BIP

Screening Date:

Screener: