

**Sample Summary for District Review of Parent-Initiated Evaluations
By Private Practitioners at Parent Expense**

Student's Name: _____

ID #: _____

Date of Review: / /

District Review Committee Members

1. (Chairperson/Lead) _____
2. (Evaluating school psychologist) _____
3. (Additional school psychologist) _____

Testing Results

Date of testing: _____ Tests: _____ Scores: _____

Date of testing: _____ Tests: _____ Scores: _____

Action/Discussion

1. Possible reasons for discrepant scores (e.g., emotional issues, LD student with marked change in academic functioning, change in physical health or medication status, social factors, rapport problems with student and/or parent):

2. Other (e.g., phone call to additional consultants and/or private practitioner):

Recommendation(s)

Accept current testing without modification

Accept current testing with additional data required (specify): _____

Request additional IQ testing (appropriate to the individual student):

Signatures of Committee Members

Follow-up Review (if needed) ___/___/___

Accept additional data

Do not accept private practitioner evaluation _____ due to _____

Signatures of Committee Members: _____
