

Independent Professional Evidence Reporting Form Form B

Must be completed for new enrollments **only if** the student has not previously been enrolled in a VT public school or a VT home study program

Student's Name: _____ **Age:** _____

Instructions: This form, or a variation of this form (see below) shall be completed **only if** the student has not previously been enrolled in a VT public school or a VT home study program.

This form must be completed by an independent professional (such as a health care professional, mental health provider or licensed educator or licensed special educator/related service provider). This form **cannot** be completed by a parent/guardian or relative of the student.

In lieu of this form (Form B), you may submit one of the following: a special education evaluation, IEP, 504 Plan, results from a screening or summary from a physician, licensed special educator, licensed related service provider, psychologist/psychiatrist, or licensed classroom teacher or other professional evidence.

Provider Instructions: Provide the following information.

Date Seen: _____

Independent Professional Name: _____

Title of Independent Professional: _____

Contact Information for Independent Professional:

Phone: _____ Email: _____

Do you suspect that the student may have a disability based in the results of the screening?

Yes No

Do you recommend further evaluation to determine whether or not this student has a disability that would interfere with his/her ability to learn? Yes No

If yes, what are your specific recommendations? _____

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(Optional) Based on your knowledge what accommodations, modifications, and/or adaptations do you recommend?

Additional comments/suggestions: _____

Signature: _____ **Date:** _____

For questions please contact the Home Study Office.

Home Study Office

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