

Independent Professional Evidence Reporting - Form B

The Form B, or an *accepted alternative of this form* (see below) shall be completed and submitted upon the first year of a Home Study enrollment.

Completing this form allows an independent professional to determine whether your student has a disability. This is required by Vermont Statute 16 V.S.A. 166b.

If you know your student has a disability (i.e., it is documented, then you may want to submit an *accepted alternative* (see below).

- This form **must be completed** by a licensed independent professional
 - e.g., health care professional, mental health provider or licensed educator or licensed special educator/related service provider, etc.
- This form **cannot be completed** by a parent/guardian or relative of the student.

Accepted Alternatives of this Form

- Their **most recent report card from a Vermont Public School**
 - A private school or online school report card *cannot be accepted*.
- A **letter, results from a screening or summary of an evaluation**
 - from a physician, licensed special educator, licensed related service provider, psychologist/psychiatrist, or licensed classroom teacher

Instructions for Licensed Independent Professionals:

Please fill out the following sections, based upon your familiarity with this student. If you are not familiar with the student, you should determine whether the student has a disability. This may include conducting an assessment, screening, or using other appropriate evaluative tools. Describe whether you suspect the student has or could have a disability. If they do have a diagnosed disability, or you suspect they may, please provide a brief overview of what accommodations or adaptations might be required.

Questions?

Please contact the Home Study Office at AOE.Homestudy@vermont.gov, or at our contact information above.

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Student's Name: _____ Age: _____

Independent Professional Name (Print): _____

Title of Independent Professional: _____

Date Seen: _____

Contact Information for Independent Professional:

Phone: _____ Email: _____

Do you suspect that the student may have a disability?

Yes

No

Do you recommend *further evaluation* to determine whether this student has a disability that would impact their ability to learn in a Home Study Program?

Yes

No

Do you recommend any accommodations, modifications, adaptations, or Special Services for this student to access a Home Study Program?

Additional Comments, Suggestions, or Recommendations:

Signature: _____ Date: _____