**Full and Individual Evaluation (FIE)**

**[Your School District Name]**

**School**:

**Date of Report**:

**Confidentiality Statement**  
The following report contains sensitive, confidential information and must be treated in compliance with state and federal laws, including the Family Educational Rights and Privacy Act (FERPA). Unauthorized release, duplication, or distribution of this report, including sharing its contents without the written consent of the student’s parent(s), legal guardian(s), or eligible student, is strictly prohibited and may be considered a violation of applicable laws.

**Evaluation Type**  
Initial Evaluation  
Reevaluation  
Standalone Evaluation

**Student Information**

**Name**:

**Student ID**:

**Date of Birth**:

**Address**:

**City, State, Zip**: \_

**Multidisciplinary Team Members**:

Name/Role:

Name/Role:

Name/Role:

Name/Role:

**Multidisciplinary Team Statement**  
The multidisciplinary team responsible for collecting and reviewing evaluation data to determine the student’s eligibility includes appropriately certified or licensed practitioners with relevant experience and training in the specific disability area under consideration. This may include a licensed or certified professional qualified to address the specific disability category, as required by federal and state regulations.