



Tennessee Department of Education Individualized Education Account (IEA) Program

Educational Therapies and Services Pre-Approval & Agreement Form

This form must be completed and approved by the Tennessee Department of Education (the department) before IEA funds can be used to pay for educational therapies and services. This form is only valid for the 2016-17 school year.

- This form does not endorse any products, providers, services, etc. This form only approves that the IEA account holder can use IEA funds to purchase products or services listed on this form.
- It is the responsibility of the IEA account holder to always verify background checks, license accreditations, and professional liability (applies for therapists), for any professional services provided. By signing this document, the IEA account holder is verifying that he or she has seen proof of current year background checks, license accreditations, and professional liability (applies for therapists) and understands those particular documents

Directions: Please provide the information in the fields below and upload form through your IEA portal.

Student Name	
Student ID Number	
Account Holder Name	
Date	

Provider Information

Therapist Name		Name of Therapy Provided			
License Type		License Number			
Phone Number		Email Address			
Business Address					
City		State		ZIP Code	



Educational Purpose

In order to use IEA funds for educational therapies and services, account holders must provide a description of how the therapy is meeting the student's educational needs.

Description of the Therapy's Educational Purpose:

DRAFT



Supporting Documentation:

- It is optional, but recommended to submit a fee schedule of the educational therapist or service provider.

IEA Account Holder Agreements

By signing your initials in the right-hand column, you are acknowledging your agreement to each statement.

	Initials
I certify that the therapy services directly go to improve the education of the student.	
I certify that the provider has completed a criminal background check pursuant to the Rules of the State Board of Education Chapter 0520-01-11.	
I agree to notify the department if any provider information changes.	
I certify that the provider has never been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion.	
I understand that it is a conflict of interest and against IEA program rules and procedures for a family member of a participating student, including step parent or a member of a participating student's household, to provide services or professional recommendations.	
I certify that I have reviewed the providers criminal background check (must be completed less than one year ago) and professional liability insurance (therapist).	
I certify the information provided in this form, including any supporting documentation is truthful and accurate. I further understand that any false statements or documentation may result in the student's account being frozen, the student being removed from the IEA program, closure of the student's IEA account, and/or forfeiture of all funds remaining in the account. I further understand that if any false statements or documentation is provided, the department may prohibit the student and/or parent/guardian from enrolling in the IEA program and/ or being an IEA account holder in future.	

IEA Account Holder Signature

Date