Early Development Network

NOTICE AND CONSENT FOR EARLY INTERVENTION
INITIAL MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT

CHILD'S NAME	DATE OF REFERRAL
PARENT'S NAME	

Your child has been referred to the Early Development Network (EDN). The _____ Public School proposes to conduct a multidisciplinary evaluation of your child to determine eligibility for Early Development Network services.

The district proposes to evaluate your child because:	The multidisciplinary evaluation process must be completed within 45 calendar days from the time the referral was received by the Early Development Network. If exceptional family circumstances exist, the evaluation and assessment process may be delayed.

Following is a description of the components of the multidisciplinary evaluation which the district proposes to conduct

	Multidisciplinary Evaluation Description
Adaptive Development	
Cognitive	
Physical Development (Including Vision And Hearing)	
Social And Emotional Development	
Speech And Language (Communication) Development	
Other	

If your child is determined eligible for EDN services, a child assessment will be conducted to identify your child's unique strengths and needs in all areas of development and the early intervention services appropriate to meet those needs. Consent is required prior to completing your child's assessment. The assessment of your child must include:

a. a review of the results of the evaluation, if conducted;
b. observations of your child; and
c. the identification of your child's needs in each of the developmental areas within the context of your family's routines and activities.

GIVE CONSENT FOR INITIAL EVALUATION/CHILD ASSESSMENT (if eligible)

I/we have received a copy of the Notice for Early Intervention Initial Multidisciplinary Evaluation and Child Assessment; understand the content of the Notice and GIVE CONSENT for the Multidisciplinary Evaluation and Child Assessment (if eligible) specified in the Notice. I/we understand that this consent is voluntary and I/we may withdraw consent at any time. If I/we withdraw consent, I/we understand it is not retroactive.

Signature of Parent(s) Date

DO NOT GIVE CONSENT FOR INITIAL EVALUATION

I/we have received a copy of the Notice for Early Intervention Initial Multidisciplinary and Child Assessment, understand the content of the Notice, and DO NOT GIVE CONSENT for the Multidisciplinary Evaluation/Child Assessment specified in the Notice.

Signature of Parent(s) Date

Parents of children with a suspected disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of the "Parental Rights in Special Education," as well as the procedures for filing a complaint and request for a due process hearing are provided with this notice. You should carefully read the information and, if you have questions regarding your rights, you may contact

at

ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education
Regional Offices of Special Education

Lincoln	402-471-2471
Omaha	402-595-2177
Scottsbluff	308-632-1349

Hotline for Disability Services
800-742-7594