EARLY DEVELOPMENT NETWORK
Notice and Consent for Special Education
Initial Multidisciplinary Evaluation

Nebraska Health and Human Services System

Child's Name	Date of Referral
Parent's Name	

The _____ Public School proposes to conduct a multidisciplinary evaluation of your child. The district proposes to evaluate your child because:

1. Explanation of why the district proposes to evaluate your child:_____
_____
_____

2. Any options the district considered:_____
_____
_____

3. Reasons why the above options were rejected:_____
_____
_____

4. Description of each evaluation procedure, test, record or report the district uses as a basis for this proposal to evaluate:
_____
_____

5. Any other factors which are relevant to this proposal:_____
_____
_____

The amount of time for completing the multidisciplinary evaluation and making the verification decision is: 45 calendar days from the time the referral was made to the public agency unless the family finds it necessary to delay the school district.
If exceptional circumstances exist, the explanation is_____

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

❑ **ADAPTIVE DEVELOPMENT**
Multidisciplinary Evaluation Description: _____
_____

❑ **COGNITIVE**
Multidisciplinary Evaluation Description: _____
_____

❑ **PHYSICAL DEVELOPMENT (INCLUDING VISION AND HEARING)**
Multidisciplinary Evaluation Description:_____
_____

❑ **SOCIAL AND EMOTIONAL DEVELOPMENT**
Multidisciplinary Evaluation Description:_____
_____

❑ **SPEECH AND LANGUAGE (COMMUNICATION) DEVELOPMENT**
Multidisciplinary Evaluation Description:_____
_____

❑ **OTHER** _____
Multidisciplinary Evaluation Description:_____
_____

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

_____ at _____
(Name) (Telephone Number)

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:	
Lincoln Office	(402) 471-2471
Omaha Office	(402) 595-2177
Scottsbluff Office	(308) 632-1349
Hotline for Disability Services	(800) 742-7594
Nebraska Parent Training Center	(800) 284-8520 or (402) 346-0525
Nebraska Advocacy Services	(800) 422-6691 or (402) 474-3183

GIVE CONSENT FOR INITIAL EVALUATION

I/We have received a copy of the Notice of this proposed evaluation, understand the content of this Notice and **GIVE CONSENT** for the multidisciplinary evaluation specified in this notice. I understand that this consent is voluntary, and may be revoked at any time.

_____ _____
Signature of Parents Date

DO NOT GIVE CONSENT FOR INITIAL EVALUATION

I/We have received a copy of the Notice of this proposed evaluation, understand the content of this Notice and **DO NOT GIVE CONSENT** for the multidisciplinary evaluation specified in this notice. The reason for not giving consent to the evaluation is:_____
_____
_____

_____ _____
Signature of Parents Date