



EARLY DEVELOPMENT NETWORK
Notice and Consent for Early Intervention
Initial Screening

Child's Name	Date of Referral
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Parent's Name

The _____ Public School District proposes to conduct an initial screening of your child to determine whether s/he is suspected of having a disability and is in need of a multidisciplinary evaluation.

The district proposes to evaluate your child because:	The screening will include: <ul style="list-style-type: none">• Gathering information on your child through parent/ caregiver interview(s)• Observations of your child• Use of a screening instrument by trained personnel• Review of other available information (such as medical records)
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The time required to complete the screening and subsequent multidisciplinary evaluation, if necessary to determine your child has a disability, is 45 calendar days from the time the referral was received by the Early Development Network. If exceptional family circumstances exist, the screening and multidisciplinary evaluation process may be delayed.

- As a parent, you have the right to:
- Request a multidisciplinary evaluation before the screening process begins or at any time during the screening process.
 - Request a multidisciplinary evaluation even if the screening results determine that your child is not suspected of having a disability.
 - A written summary of the results of the screening.

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 "Part C Procedural Safeguards," as well as the procedures for filing a complaint and request for a due process hearing are provided with this notice.

If at any time you want to request an evaluation, or if you have questions regarding your rights, you may contact:

Name of Contact	At
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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:

Department of Education Lincoln (402) 471-2471	Hotline for Disability Services (800) 742-7594	PTI Nebraska (800) 284-8520
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Give Consent for Screening

I/we have received a copy of the Notice for Initial Early Intervention Screening; understand the content of the Notice and GIVE CONSENT for the screening 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
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Upon completion of the screening, you will be contacted regarding the results. Should additional evaluation be needed to determine whether your child has a disability, your consent for a multidisciplinary evaluation will be required, and upon receiving your written consent, the evaluation must be completed within 45 calendar days of the Early Development Network receiving the referral.

Do Not Give Consent for Screening

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

Signature of Parent(s)	Date
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I/ we have received a copy of the Notice for Initial Early Intervention Screening, understand the content of the Notice, and DO NOT GIVE CONSENT for the screening specified in the Notice, and instead request a multidisciplinary evaluation. I/we understand that I/we must provide written consent for the multidisciplinary evaluation and the multidisciplinary evaluation must be completed within 45 calendar days of the Early Development Network receiving the referral.

Signature of Parent(s)	Date
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