



EDUCATIONAL SERVICE UNIT 10

NOTICE AND CONSENT FOR SPECIAL EDUCATION MULTIDISCIPLINARY INITIAL EVALUATION

STUDENT: _____ BIRTHDATE: _____

GRADE: _____ SCHOOL: _____ DATE SENT: _____

Dear Parent / Guardian:

Your child has been referred for an evaluation to determine if an educational condition exists that may qualify your child for special services. _____ Public School proposes to conduct a multidisciplinary evaluation. The multidisciplinary team is composed of the parents and specialists skilled in diagnosing student's educational needs who will conduct the evaluation. The initial evaluation process will take approximately _____ school days upon receipt of this completed form. For reevaluations with testing, the date is indicated below. After that, the results will be discussed with you during a multidisciplinary team meeting. The district proposes to evaluate your child because: _____

Any options the district considered prior to recommending evaluation: _____

Reasons why the options were rejected: _____

This proposal is based on: _____

Other factors, if any, which are relevant to the district's proposal to evaluate, are: _____

The estimated amount of time for completing the multidisciplinary evaluation and making the verification decision is:

EVALUATION AREAS: Areas indicated may be assessed in the current evaluation.

ACADEMIC - This area identifies student's strengths and weaknesses in subject areas including pre-academic skills, math, reading and written language. _____

INTELLECTUAL - This area provides an indication of the child's potential functioning in an educational environment. _____

COMMUNICATION - This area identifies the child's ability to communicate within his/her environment. Areas of evaluation might include articulation, receptive and/or expressive language, fluency and/or voice. _____

ADAPTIVE/SOCIAL/EMOTIONAL - This area indicates how the child adjusts to and interacts with the educational environment. _____

MOTOR DEVELOPMENT: OCCUPATIONAL / FINE MOTOR SKILLS - This area assesses muscle strength, perceptual development, fine motor skills and motor development levels. _____

MOTOR DEVELOPMENT: PHYSICAL / GROSS MOTOR SKILLS - This area assesses muscle strength, neurological involvement, balance and coordination and posture and gait. _____

OTHER - Additional areas might include vision, hearing, general health, vocational and other factors which could influence education functioning: _____

Parental Procedural Safeguards

Parents of children with a suspected disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act. A copy of these "Parental Rights in Special Education," as well as a copy of the procedures for filing complaints and due process hearing specified in 92 NAC 55 are provided with this notice. You should carefully read the information and, if you have any questions regarding your rights, you may contact: at (phone number) _____ .

Additional Information

You may also contact the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws: Educational Service Unit 10 SPED Dept. (308-237-5927) OR the Nebraska Department of Education - Lincoln Office: (402) 471-2471.

PARENTAL CONSENT/DENIAL FOR PROPOSED EVALUATION

You may request a conference prior to granting or denying permission. I/we have received a copy and understand the content of this notice and:

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/We understand that this consent is voluntary and may be revoked at any time by notifying the school district.

I/we have received a copy and 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 for the evaluation is: _____

Signature of Parents/Guardians/Surrogate

Date

Address: _____

Home Phone: _____ Work Phone: _____

DISTRICT REPRESENTATIVE SIGNATURE:

District Representative Signature

Date