



PRIOR WRITTEN NOTICE
FOR INITIAL EVALUATION/REEVALUATION
(92 NAC 51-009.05)

School District: \_\_\_\_\_ Date of Notice: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Initial Evaluation: \_\_\_\_\_ Reevaluation: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Public Schools proposes/refuses (circle one) to conduct a multidisciplinary team evaluation of your child in the following areas: (92 NAC 51-009.05A1, 92 NAC 51-009.05A2, and 92 NAC 51-006,05B1)

- Academic/Cognitive: \_\_\_\_\_
Sensory (Vision/Hearing): \_\_\_\_\_
Physical/Motor: \_\_\_\_\_
Social/Emotional: \_\_\_\_\_
Communication/Speech-Language: \_\_\_\_\_
Other: \_\_\_\_\_

Explanation of why the district proposes/refuses (circle one) to evaluate your child: (92 NAC 51-009.05B2)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other options that the IEP Team considered, and the reasons why those options were rejected: (92 NAC 51-009.05B3)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

This proposal/refusal (circle one) is based on the evaluation procedure, assessment, record, or report described below: (92 NAC 51-009.05B4)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Any other factors that are relevant to this proposal/refusal (circle one): (92 NAC 51-009.5B5)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

This notice is written and provided in language understandable to the general public, and provided in the native language of the parents or other mode of communication used by the parents unless it is clearly not feasible to do so. [\(92 NAC 51-009.05C\)](#)

If the parent's native language is other than English, the notice was provided in the following language:  
 Spanish  Other (specify): \_\_\_\_\_

If the native language or other mode of communication of the parents is not a written language, the school district or approved cooperative shall take steps to ensure: (1) that the notice is translated orally or by other means to the parents in his or her native language or other mode of communication; and (2) that the parent understands the content of the notice.

[\(92 NAC 51-009.05D1 and 92 NAC 51-009.05D2\)](#)

#### PROCEDURAL SAFEGUARDS (Parent Rights)

Both state and federal laws concerning the education of children with disabilities include many parental rights. [\(92 NAC 51-009.05B6\)](#) These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. A copy of these procedural safeguards shall be given to parents one time a year. [\(92 NAC 51-009.06A\)](#) A copy shall also be given to the parents:

- upon initial referral or parental request for evaluation; [\(92 NAC 51-009.06A1\)](#)
- upon request by a parent; [\(92 NAC 51-009.06A2\)](#)
- upon receipt by the school district or approved cooperative of the first occurrence of the filing of a complaint under 92 NAC 51-009.11 and the first occurrence of filing a special education due process case under 92 NAC 55; [\(92 NAC 51-009.06A3\)](#) and
- in accordance with the discipline procedures in 92 NAC 51-016. [\(92 NAC 51-009.06A4\)](#)

A copy of your Parental Rights is included. Read them carefully and, if you have any questions regarding your rights, you may contact: [\(92 NAC 51-009.05B7\)](#)

\_\_\_\_\_ at \_\_\_\_\_  
[Contact's Name](#) [Contact's Phone Number](#)

#### **ADDITIONAL RESOURCES** [\(92 NAC 51-009.05B7\)](#)

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.

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 Information and Training Center for Families with Disabilities: 800-284-8520 or 402-346-0525



# CONSENT FOR INITIAL EVALUATION/REEVALUATION

Initial Evaluation: \_\_\_\_\_ 92 NAC 51-009.08A

Reevaluation: \_\_\_\_\_ 92 NAC 51-009.08C

## Give Consent for Initial Multidisciplinary Team Evaluation

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

I have received a copy of the Notice for this Proposed/Refused multidisciplinary team evaluation. I understand the content of the Notice and **give consent** for the multidisciplinary team specific to this Notice. I understand this consent is voluntary and may be revoked at any time. (92 NAC 51-009.08B4)

\_\_\_\_\_  
Signature of Parent\*

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date of Signature

\*Need only one parent signature

## Do Not Give Consent for Initial Multidisciplinary Team Evaluation

(92 NAC 51-009.08B)

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

I have received a copy of the Notice for this Proposed/Refused multidisciplinary team evaluation. I understand the content of the Notice and **do not give consent** for the multidisciplinary team evaluation specific to this Notice. I understand this consent is voluntary and may be revoked at any time. (92 NAC 51-009.08B4)

\_\_\_\_\_  
Signature of Parent\*

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date of Signature

\*Need only one parent signature