

Notification of Multidisciplinary Team (MDT) Conference

School District:

Date of Notice:

Parent's Name:

Child's Name:

Proposed Conference Date, Time and Location:

Date:

Time:

Location:

The results of the evaluation of your child are now available. We must meet with you to review these results for your child to determine, with your input, whether your child meets the criteria to qualify for special education services. It is very important that you attend this meeting. You may bring other individuals with you who are knowledgeable about your child or his or her needs.

As required by federal and state law, in addition to yourself, the following people will be at our meeting:

1. *A general education teacher of your child:*

2. *A special education teacher:*

3. *A school representative:*

4. *The following individuals who can help explain the evaluation results or who have special knowledge or expertise regarding your child or services that may be needed:*

5. *Others:*

Parents/Guardians of children with disabilities have rights which are protected under the procedural safeguards of the Individuals with Disabilities Act (IDEA). If you would like a copy of your procedural safeguards or if you have any questions regarding this notice or your rights, please contact:

_____ at _____.

ADDITIONAL RESOURCES

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:

555 Nebraska Parent Training Center:
444 Nebraska Advocacy Services:

800-284-8520 or 402-346-0525
800-422-6091 or 402-474-3183

Response:

Date sent:

Parent:

If you cannot attend this meeting as scheduled, you have the right to schedule this meeting at an alternate time and/or location. To reschedule this meeting, please contact:

_____ at _____.

I/We will attend the meeting scheduled for

I/We cannot attend the meeting as scheduled. Please contact me/us.

I/We cannot attend, but would like to participate by telephone or written communication.

I/We do not wish to attend or participate in this meeting.

I have invited to the meeting, at my own expense, the following person(s) whom I have determined have special knowledge or expertise regarding my child:

Signature of Parents

Date

If no signature is on file, explain why:

Please sign, date and return this form to:

School Contact:

Address:

City, State,Zip:

Phone: