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| --- | --- |
| Date: |  |

**Eligibility for Special Education Services -- MDT Attendance Form**

 **In Cooperation with ESU #** 5

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| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  |  | Birthdate: |  |  | [ ]  Initial Multidisciplinary Team Report |
| Age: |  | School: |  |  | Grade: |  |  | [ ]  3 Year Re-evaluation |
| Meets the eligibility requirements for special education in the following area(s): |  | [ ]  DETERMINATIONS Re-evaluation |
| Click or tap here to enter text. |  | [ ]  Additional Evaluation |
|  |  | [ ]  Exit from Special Education Services |

**Waiver Section:** (Initial those that apply)

|  |  |
| --- | --- |
| Initial | I/we acknowledge notification of the MDT (Multidisciplinary Team) meeting within a reasonable time period, but less than 10 days before the meeting. This has given me/us sufficient time to insure my/our opportunity to attend. My signature below indicates I have waived the 10 day notice requirement. |
| Initial | I/we am unable to attend the scheduled MDT meeting. I/we understand that participation in the meeting via telephone conference/zoom is permissible. If this is an Initial MDT, my signature below indicates my agreement with the Team’s decision for my/our child.  |
| Initial | I/we give permission for the district to hold the MDT **without** the following individuals/team members present: |
|  |  |
|  | (Those individuals as noted above will provide relevant information to the MDT team regarding my/our child’s performance.) |
| Initial | In addition to the invited participants, I/we give permission for the district to hold the MDT **with** the following additional individuals/team members present: |
|  |  |

**Signatures:** This report reflects the conclusion of each member of the assessment team. **(Circle YES or NO)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | YES NO |  |  |  | YES NO |
| Parent/Guardian Signature | Title |  |  |  | Parent/Guardian Signature | Title |  |
|  |  |  | YES NO |  |  |  | YES NO |
| Signature | Title |  |  |  | Signature/Title | Title |  |
|  |  |  | YES NO |  |  |  | YES NO |
| Signature | Title |  |  |  | Signature/Title | Title |  |
|  |  |  | YES NO |  |  |  | YES NO |
| Signature-School Psychologist/Evaluator | Title |  |  |  | Signature- Case Manager | Title |  |
|  |  |  | YES NO |  |  |  | YES NO |
| Signature- School District Representative | Title |  |  |  | Signature- Director of Special Education | Title |  |

1. If any member of the Team circles NO in disagreement with the Team’s diagnosed disability, the member will have ten days from the MDT conference to file a separate statement (Minority Report) which will be attached to the Eligibility for Special Education Services
2. ***Parent signature (IS******MANDATORY*** on ***initial MDTs***) acknowledges receipt of Eligibility for Special Education Services Report, at no cost to the parent. It also acknowledges that the district has taken the necessary action to insure that the parent understands the proceedings of this MDT Conference (including arrangement for an interpreter, if appropriate).
3. Student is eligible for special education services once the finalized MDT report is attached to this document. AS 1/2022