

**APPLICATION FOR SUPPLEMENTARY EVALUATION
FROM MULTIDISCIPLINARY EVALUATION TEAM**
Department of Special Education
Lincoln Public Schools
Lincoln, Nebraska

1. Name of Student _____ Grade _____ Age _____

Resident Student ☐ Contract Student ☐

Program Placement _____ School Location _____

2. Name of person(s) making request _____

3. Purpose of request:

a. Why is Multidisciplinary Team (MDT) unable to provide evaluation concerning this student?

b. What other agency or qualified diagnostic person(s) is suggested to provide supplementary evaluation concerning this student?

c. How will supplementary evaluation information be used to complete Multidisciplinary Evaluation (MDT) Report?

4. Will supplementary evaluation information be used to (check which):

(1) ☐ Complete verification of the student.

(2) ☐ Provide additional information to enhance the student's current special education program.

5. Why is supplementary evaluation not a financial responsibility of student's parent/guardian?

6. Why is supplementary evaluation not available from another source and provided at public expense?

7. Estimate costs to the district for this supplementary evaluation \$ _____

Is supplementary evaluation to be considered as:

(1) part of the annual review for the student's Individual Education Program ☐ Yes ☐ No

and/or,

(2) as part of the required three-year re-evaluation? ☐ Yes ☐ No

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Return to Director of Special Education

☐ Approved

☐ Not Approved

Date _____ Signature _____

Director of Special Education