

Listing of MDT Team Members

Name	Position on MDT	I agree with the MDT Decision	
		Initial	
		Yes	No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*
_____	_____	_____ Yes	_____ No*

* Should a member(s) of the MDT not agree with the conclusion(s) of the report, they must submit a separate statement (minority report) presenting his or her conclusion(s).

The parent/guardian was provided a copy of the multidisciplinary evaluation team report on:

Date _____

By Whom _____