



**EDUCATIONAL SERVICE UNIT 10  
MULTIDISCIPLINARY TEAM (MDT) EVALUATION REPORT  
Confidential Report**

DATE OF MDT: \_\_\_\_\_ (008.01B & 006.02A)  
School District: \_\_\_\_\_ Date of Notice: \_\_\_\_\_  
Student: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parents(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Most recent eval. date: \_\_\_\_\_

**Check all that apply to this MDT Report: Next Recommended MDT Date:**

- \_\_\_\_\_ 1. The testing materials and procedures selected and administered were not racially or culturally discriminatory (006.02B1)
- \_\_\_\_\_ 2. Check either A or B:
  - \_\_\_\_\_ A. The MDT evaluation was completed in the child's predominant or native language or other mode of communication (006.02B1b)
  - \_\_\_\_\_ B. It was not feasible to complete the MDT evaluation in the child's predominant or native language or other mode of communication.  
Explanation:
- \_\_\_\_\_ 3. Materials and procedures used to assess a child with limited English proficiency were selected and administered to insure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills (006.02B2)
- \_\_\_\_\_ 4. A variety of assessment tools and strategies were used to gather relevant functional and developmental information about the child to be involved in and progress in the general curriculum, or for a preschool child, to participate in appropriate activities, they may assist in determining (006.02B3)
  - a. Whether the child is a child with a disability under subsection 0003.07 (006.02B3a); and
  - b. The content of the child's IEP (006.02B3b)
- \_\_\_\_\_ 5. All data information obtained from the parent was considered for the purpose of making the verification decision. Summary of data obtained (006.02B3):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ 6. Instruments used to complete the MDT evaluation have been validated for the specific purpose for which they were used (006.02B4a)
- \_\_\_\_\_ 7. The assessments are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the tests (006.02B4b).  
  
If the assessment was not conducted under standard conditions, state the description of the extent to which the assessment varied from standard conditions (006.02B4b(i)).
- \_\_\_\_\_ 8. Tests and other evaluation materials included those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient (006.02B5).
- \_\_\_\_\_ 9. Tests were selected and administered so as best to insure that if a test administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure) (006.02B6).
- \_\_\_\_\_ 10. No single procedure was used as the sole criterion for determining whether a child is a child with a disability and for determining whether a child is a child with a disability and for determining an appropriate educational program for the child (006.02B8).

- \_\_\_\_\_ 11. The child was assessed in all areas related to the suspected disability, including if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, academic performance, communicative status, and motor abilities (006.02B8).
- \_\_\_\_\_ 12. The evaluation was sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified (006.02B9).
- \_\_\_\_\_ 13. The team used technically sound instruments to assess the relative contribution of cognitive and behavioral factors in addition to physical or development factors (006.02B10).
- \_\_\_\_\_ 14. The team used assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child (006.02B11).
- \_\_\_\_\_ 15. In interpreting evaluation data for the purpose of determining if a child is a child with a disability and the educational needs of the child, the team:
  - Drew upon information from a variety of sources, including aptitude and achievement test, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior (006.02C1); and
  - The information obtained from all of these sources was documented and carefully considered (006.02C2)
- \_\_\_\_\_ 16. In making a determination of eligibility, a child was not determined to be a child with a disability if the determining factor was lack of instruction in reading or math or limited English proficiency (006.03C).

**CHECK THE APPROPRIATE LINE TO INDICATE THE VERIFICATION DECISION:**

- \_\_\_\_\_ A. No disability verified (006.03F2a or 006.03E2a)  
 If no disability is verified refer student to SAT (Student Assistance Team) or problem-solving team and provide MDT information to SAT.  
 Refer to SAT on \_\_\_\_\_ (006.03G)  
 SAT Contact Person: \_\_\_\_\_
- \_\_\_\_\_ B. The Child has met the written verification requirements as per one or more of the following (006.03F2a) and (006.03E2a)

- |                                                       |                                                             |
|-------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Autism (AU)                  | <input type="checkbox"/> Other Health Impairment (OHI)      |
| <input type="checkbox"/> Behavioral Disorder (BD)     | <input type="checkbox"/> Specific Learning Disability (SLD) |
| <input type="checkbox"/> Deaf-Blindness (DB)          | ___ Basic Reading Skills ___ Reading Comprehension          |
| <input type="checkbox"/> Developmental Delay (DD)     | ___ Mathematics Calculation ___ Mathematics Reasoning       |
| <input type="checkbox"/> Hearing Impairment (HI)      | ___ Written Expression ___ Oral Expression                  |
| <input type="checkbox"/> Mental Handicap (MH)         | ___ Listening Comprehension                                 |
| ___ Mild (MH:Mi)                                      |                                                             |
| ___ Moderate (MH:Mo)                                  | <input type="checkbox"/> Speech Language Impairment (SLI)   |
| ___ Severe/Profound (MH:S/P)                          | ___ Language ___ Articulation ___ Voice ___ Fluency         |
| ___ Mental Handicap Below Age 5                       | <input type="checkbox"/> Traumatic Brain Injury (TBI)       |
| <input type="checkbox"/> Multiple Impairments (Multi) | <input type="checkbox"/> Visual Impairment (VI)             |
| <input type="checkbox"/> Orthopedic Impairment (OI)   | ___ Blind ___ Legally Blind ___ Partially Sighted           |

Basis for making the verification determination (006.03F2b and 006.03E2b)

Additional information required for verification of specific learning disabilities

- A. Relevant behavior noted during observation (006.03F2)

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- B. Relationship of relevant behavior to the child's academic functioning (006.0F2d)

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- C. Educationally relevant medical findings, If any (006.0dF2e)

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D. Is there a severe discrepancy correctable without special education? (006.03F2f) YES \_\_\_\_\_ NO \_\_\_\_\_

E. If yes, is the discrepancy correctable without special education? YES \_\_\_\_\_ NO \_\_\_\_\_

F. Summarize the effects of environmental, cultural or economic disadvantages (006.03F2g)  
\_\_\_\_\_  
\_\_\_\_\_

LISTING OF REQUIRED TEAM MEMBERS (006.03E2c or 006.03F2h)

Name	Position on MDT (006.04A – 006.04N)	I agree with the MDT decision (006.03F3 or 006.03E3)
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*
_____	_____	___ YES ___ NO*

(For students attending non-public schools, an administrator or a designated representative of the non-public school shall be a member of the MDT (006.03B)

\*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 statement shall be attached to the MDT Report and a copy must be provided to the parent (006.03E3 or 006.03F3).

The parent was provided a copy of this MDT report on \_\_\_\_\_ by \_\_\_\_\_ .(006.03F4 or 006.03E4)  
(date) (person)