



## **Multidisciplinary Team Evaluation and Determination Documentation**

Students are eligible to receive education related funding under the Carson Smith Opportunity Scholarship (CSOS) program if they have a qualified disability as defined by the federal Individuals with Disabilities Education Act (see link below). A

Multidisciplinary Team (MDT) evaluation is an approved method to determine verification of eligibility for a scholarship. **This form may be used only for students applying for the Carson Smith Opportunity Scholarship, and does not qualify a student for special education services within a public school.**

**IDEA defined disabilities include:** 1) Specific Learning Disabilities; 2) Speech or Language Impairment; 3) Other Health Impairment; 4) Autism Spectrum Disorder; 5) Intellectual Disability; 6) Emotional Disturbance; 7) Developmental Delay; 8) Multiple Disabilities; 9) Hearing Impairment; 10) Orthopedic Impairment; 11) Visual Impairment; 12) Traumatic Brain Injury; or 13) Deaf-Blindness. **One or more of these disabilities must be determined by the MDT evaluators, and indicated on the form below.** IDEA Link: (<https://sites.ed.gov/idea/regs/b/a/300.8>)

This form is the MDT determination of eligibility. Multidisciplinary means the involvement of two or more qualified and credentialed individuals from two or more separate disciplines or professions with respect to the evaluation of the child. The following chart lists a number of qualified disciplines or professions authorized to sign the MDT form. This list is not exhaustive, please contact [info@cfe-fund.org](mailto:info@cfe-fund.org) for questions.

<b>Medical</b>	<b>Education</b>	<b>Mental Health</b>	<b>Other</b> (can be two from this category if not from the same discipline type)
MD (Medical Doctor)	Licensed Teacher	PsyD (Doctor of Psychology)	Speech Language Therapist
PA (Physician Assistant)	Special Education Teacher/Counselor	LCSW (Licensed Clinical Social Worker)	Occupational Therapist
APRN (Advanced Practice Registered Nurse)	School Administrator	LPC/LCPC (Licensed Professional Counselor)	Behavioral Therapist
DO (Doctor of Osteopathic Medicine)		NCSP (Nationally Certified School Psychologist)	Hearing Therapist
		CMHC (Clinical Mental Health Counselor)	CALT (Academic Language Therapist)
		MSC (Master of Science in School Counseling)	A/AOGPE (Certified Dyslexia Specialist)
		ACMHC (Associate Clinical Mental Health Counselor)	SpEd-EE (Special Education Evaluator Endorsement)

The MDT evaluation must consider all data and relevant information, involve the parent(s), determine the student has a qualifying disability, and is eligible to receive special education services as determined by IDEA, specifically for the CSOS program. In interpreting evaluation data for the purpose of determining that the child has a qualifying disability and determining the educational needs of the child, the MDT must draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and ensure that information obtained from all of these sources was documented and carefully considered.

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**Student Name:** \_\_\_\_\_

### Members of the Multidisciplinary Team:

**\*The credentials and/or licensing listed must be current and verifiable.**

## TEAM MEMBER 1

**Date of determination of eligibility for services under IDEA: \_\_\_\_\_**

- ☐ I have determined that the student has a qualifying disability from the IDEA list above.
- ☐ Designated disability from the approved IDEA list: \_\_\_\_\_
- ☐ I have determined the student qualifies for special education services for the CSOS program.

Print Team Member 1 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Team member 1 Title	Team Member Credentials/Licensure
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## TEAM MEMBER 2

**Date of determination of eligibility for services under IDEA:** \_\_\_\_\_

- ☐ I have determined that the student has a qualifying disability from the IDEA list above.
- ☐ Designated disability from the approved IDEA list: \_\_\_\_\_
- ☐ I have determined the student qualifies for special education services for the CSOS program.

Print Team Member 2 Name	Signature	Date
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Team member 2 Title	Team Member Credentials/Licensure
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**\*\*If additional team members are signing, please make a copy of this page.**

***By signing this form, each team member certifies that this report reflects his or her best conclusion, and each team member acknowledges that the credentials and/or licensing represented on this document are current and valid.***