PerformCARE®

Child/Adolescent Services
Disagreement Memo

Child/Adolescent Name: _____ MAID #: _____ Date: _____

I disagree with: ☐ Recommendations on Evaluation ☐ Team Meeting Outcome ☐ Other

_____
_____
_____
_____

I disagree for the following reasons:

_____
_____
_____
_____

I propose the following recommendations:

_____
_____
_____
_____

Signature: _____ Print Name: _____

Relationship to child/adolescent: _____ Date of signature:_____