



**MNRI® METHOD - MASGUTOVA NEUROSENSORIMOTOR REFLEX INTEGRATION PROGRAM
EFFICIENCY AND SUCCESS EVALUATION FORM
FROM PROFESSIONAL AND/OR MNRI® CORE SPECIALIST**

PLEASE RETURN THIS COMPLETED FORM TO: Mr. Barry ZeVan, Consulting Vice President/Managing Director, MNRI, P.O. Box 27447, Minneapolis, MN 55427 or via Email to BNZ1@aol.com. Thank you.

Profession/Occupation: _____

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Primary population for whom you provide service: _____

Primary Age of individuals you service: _____

Descriptive Statement of Experience with MNRI®METHOD

Why is it important for you to have access to the MNRI®Method?

Please describe the results you have experienced using the MNRI®Method?

How is MNRI® different from other therapeutic techniques?

Please initial all that apply:

I support legislation for the Masgutova Method/MNRI® in the USA.

Initial _____

MNRI® should be accepted by insurance in the USA.

Initial _____

I would support the development of MNRI® education and accreditation of an MNRI® Professional School.

Initial _____

Professional's or Core Specialist's signature

Date

(The above statements, comments and opinions were voluntarily and freely-stated by the Professional or Core Specialist without any coaching or input from MNRI® staff or ownership. The above Professional or Core Specialist may be contacted at any reasonable time by the recipient of this form to verify the above statement was made by the Professional or Core Specialist without coercion or any remuneration or consideration thereof whatsoever.)



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