

MULTIDISCIPLINARY EVALUATION TEAM SUMMARY

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ MET Date: \_\_\_\_\_  
 School: \_\_\_\_\_

**I. PARENT INPUT:**

- Personal Contact     Phone  
 Written Communication    Date: \_\_\_\_\_

- Purpose:  
 Initial     Reevaluation  
 Other:

Contacted by: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
 (Name & Title) (If present at meeting)

**II. EVALUATION PROCEDURES AND RESULTS:**

TYPE	EVALUATOR/DATE (TITLE)	EVALUATION PROCEDURES/RESULTS Test results should be expressed in exact criteria as, standard score percentile, I.Q.
EDUCATIONAL		
PSYCHOLOGICAL		
RELATED SERVICES  Sp & Lang School Social Work		
MEDICAL/OTHER (Including agency reports)		

Required classroom observation by a team member OTHER than the general education teacher for EI and LD evaluations only:

Observed by: \_\_\_\_\_  
 Name Title Date(s)

**III. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

Identify the student's present level of academic achievement and functional performance, including a narrative description of how the disability affects the student's involvement and progress in the general education curriculum or, for preschool students, participation in appropriate activities.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MET Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

**Directions:** Indicate the name of the report in first column. Check (✓) if criteria met, write “no” if criteria not met.

*Reports cited are those used to develop the MET Summary and must be current; within the last 12 months.*

Supporting Report	✓/no	Supporting Report	✓/no
		<b>340.1705 Cognitive Impairment</b>	
		Development at or below 2 S.D. below mean	
		Achievement in reading and math in lowest 6 %iles	
		Lack of development-cognitive domain	
		Impairment of adaptive behavior	
		<b>340.1706 Emotional Impairment</b>	
		<i>Behavioral problems:</i>	
		Primarily in affective domain	
		Over extended period of time	
		Adversely affects educational performance and needs special education support	
		<i>Behavior manifested by one or more of the following:</i>	
		Inability to build or maintain interpersonal relationships	
		Inappropriate behaviors or feelings	
		General pervasive mood of unhappiness or depression	
		Tendency to develop physical symptoms or fears	
		<i>Documentation of the following:</i>	
		Adaptive behavior within nonacademic settings	
		Observation of behaviors of primary concern	
		Intervention strategies used; length of time; results	
		Relevant medical information (If no relevant information write “none” in the supporting report column.)	
		Behaviors related to schizophrenia or similar disorders (If no relevant behaviors write “none” in the supporting report column)	
		<i>Behavior not primarily result of:</i>	
		Intellectual factors	
		Sensory factors	
		Health factors	
		Social Maladjustment	
		<b>340.1707 Hearing Impairment</b>	
		Adversely affects educational performance or interferes with development	
		Otolaryngology evaluation	
		Audiology evaluation	
		<b>340.1708 Visual Impairment</b>	
		Interferes with development or adversely affects educational performance	
		Ophthalmological/Optometric evaluation	
		<i>One or more of the following:</i>	
		Central visual acuity 20/70 or less	
		Peripheral field restricted to no more than 20 degrees	
		Diagnosed progressively deteriorating eye condition	
		<i>If acuity 20/200 or less or field not more than 20 degrees</i>	
		Evaluation and recommendation by O&M	
		<b>340.1709 Physical Impairment</b>	
		Severe orthopedic impairment	
		Adversely affects educational performance	
		Assessment data from approved physician	
		<b>340.1709a Other Health Impairment</b>	
		Chronic or acute health problems	
		Adversely affects educational performance	
		Assessment data from approved physician	
		<b>340.1710 Speech and Language Impairment</b>	
		Adversely affects educational performance	
		<i>One or more of the following:</i>	
		Articulation Impairment	
		Voice Impairment	
		Fluency Impairment	
		Language Impairment	
		Spontaneous language sample	
		2 standardized assessment instruments or 2 subtests	
		<b>340.1711 Early Childhood Developmental Delay</b>	
		Child through seven years of age	
		Cannot be determined through existing criteria in other eligibility rules	
		Delay in one or more areas of development equal to or greater than ½ of expected development	
		<b>340.1713 Specific Learning Disability</b>	
		<i>A Learning Disability is determined by:</i>	
		The student did not make sufficient progress to meet age or state approved grade level standards in response to scientific, researched based intervention.	
		<i>Or</i>	
		The student exhibits a pattern of strengths and weaknesses in performance, achievement or both relative to student’s age or state approved grade level standards or intellectual development.	
		<i>A Learning Disability is found in one or more of the following:</i>	
		Oral expression	
		Listening comprehension	
		Written expression	
		Basic reading skill	
		Reading comprehension	
		Reading fluency	
		Mathematics calculation	
		Mathematics reasoning	
		<i>Not primarily the result of:</i>	
		Vision, hearing or motor impairment	
		Emotional, cognitive impairments, or ASD	
		Environmental, cultural or economic differences	
		<i>Documentation of the following:</i>	
		Observation by team member of relevant behavior	
		Appropriate instruction in regular education settings by qualified personnel	
		Relevant medical information (if no relevant information write “none” in the supporting report column.)	
		Not correctable without special education	
		<b>340.1714 Severe Multiple Impairment</b>	
		<i>Either of the following:</i>	
		Development 2-3 S.D. below mean and 2 or more of the following:	
		Hearing not primary means to develop speech/language	
		Vision not sufficient for independent mobility	
		Physical impairment prevents independent ADL	
		Medically at risk	
		<i>OR</i>	
		Development 3 or more S.D. below mean (or untestable) and 1 or more of the following:	
		Hearing not primary means to develop speech/language	
		Vision not sufficient for independent mobility	
		Physical impairment prevents independent ADL	
		Medically at risk	
		<i>Also</i>	
		Medical reports appropriate to disability	

MET Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

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Supporting Report ✓/no

Supporting Report ✓/no

	<b>340.1715 Autism Spectrum disorder</b>
	Adversely affects educational performance
	Manifested before 36 months of age
	<i>Qualitative impairment in reciprocal social interaction including two or more of the following:</i>
	Impairment in use of multiple non-verbal behaviors
	Failure to develop age-appropriate peer relationships
	Impairment in spontaneous seeking to share with others
	Impairment in social/emotional reciprocity
	<i>Qualitative impairment in communication including one of the following:</i>
	Delay in or lack of spoken language with no attempt at alternative modes of communication
	Impairment in pragmatics or ability for reciprocal conversation
	Stereotyped and repetitive or idiosyncratic language
	Lack of age-appropriate varied, spontaneous make-believe or social imitative play
	<i>Restricted, repetitive and stereotyped behaviors including one of the following:</i>
	Preoccupation with one or more stereotyped restricted patterns of interest abnormal in intensity or focus
	Inflexible adherence to nonfunctional routines or rituals
	Stereotyped and repetitive motor mannerisms
	Persistent preoccupation with parts of objects
	May include unusual or inconsistent response to sensory stimuli
	<i>Not primarily a result of:</i>
	Emotional impairment
	Schizophrenia

	<b>340.1716 Traumatic Brain Injury</b>
	Acquired injury to brain by external physical force
	Adversely affects educational performance
	Assessment data from approved physician
	Impairment in one or more of the following:
	_____ Cognition
	_____ Attention
	_____ Physical functioning
	_____ Speech
	_____ Language
	_____ Reasoning
	_____ Information processing
	_____ Memory
	_____ Behavior
	Not a result of injuries that are congenital, degenerative or due to birth trauma
	<b>340.1717 Deaf-blindness</b>
	Documented hearing and visual losses that in combination affect educational performance
	Requires additional hearing and visual supports to address unique needs
	Assessment data from appropriate medical specialist

**IV. ELIGIBILITY RECOMMENDATION**       Eligible       Ineligible

DESIGNATE PRIMARY (P) DISABILITY WITH A

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 340.1705 Cognitive Impairment | <input type="checkbox"/> 340.1709a Other Health Impairment            | <input type="checkbox"/> 340.1714 Severe Multiple Impairment |
| <input type="checkbox"/> 340.1706 Emotional Impairment | <input type="checkbox"/> 340.1710 Speech & Language Impairment        | <input type="checkbox"/> 340.1715 Autism Spectrum Disorder   |
| <input type="checkbox"/> 340.1707 Hearing Impairment   | <input type="checkbox"/> 340.1711 Early Childhood Developmental Delay | <input type="checkbox"/> 340.1716 Traumatic Brain Injury     |
| <input type="checkbox"/> 340.1708 Visual Impairment    | <input type="checkbox"/> 340.1713 Specific Learning Disability        | <input type="checkbox"/> 340.1717 Deaf-blindness             |
| <input type="checkbox"/> 340.1709 Physical Impairment  |   |  |

**If ineligible:** designate impairment(s) evaluated: \_\_\_\_\_

The MET believes the impairment is not solely determined by the lack of instructions in the essential components of reading, lack of instruction in math or by limited English proficiency.

**V. MET Members (Signature, with title)**

_____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
_____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
_____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree

(A dissenting option may be attached)

**VI. MET Representative to IEPT:** \_\_\_\_\_