

## MULTIDISCIPLINARY EVALUATION TEAM SUMMARY

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

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

### I. PARENT INPUT:

- Personal Contact     Phone  
 Written Communication

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

**Purpose:**     Initial     Reevaluation  
                    Other:

Contacted

By: \_\_\_\_\_  
(name & title)

Parent

Signature: \_\_\_\_\_  
(If present at meeting)

### II. EVALUATION PROCEDURES AND RESULTS:

TYPE	EVALUATOR	DATE	EVALUATION PROCEDURES/RESULTS <small>(Test results must be expressed in exact criteria such as, standard score, percentile, or IQ)</small>
<input type="checkbox"/> EDUCATIONAL	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> PSYCHOLOGICAL	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> RELATED SERVICES <small>(Sp &amp; Lang, School Social Work)</small>	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> MEDICAL/OTHER	_____	_____	_____
	_____	_____	_____

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

Date	Observed by	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 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 on how the disability affects the student's involvement and progress in the general education curriculum or, for preschool students, participation in appropriate activities.

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**340.1705 Cognitive Impairment**

Supporting Report	YES/NO	
_____	<input type="checkbox"/> <input type="checkbox"/>	Development at or below 2 S.D. below mean
_____	<input type="checkbox"/> <input type="checkbox"/>	Achievement in reading and math in lowest 6 %iles
_____	<input type="checkbox"/> <input type="checkbox"/>	Lack of development – cognitive domain
_____	<input type="checkbox"/> <input type="checkbox"/>	Impairment of adaptive behavior

**340.1706 Emotional Impairment**

*Behavioral problems:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Primarily in affective domain
_____	<input type="checkbox"/> <input type="checkbox"/>	Over extended period of time
_____	<input type="checkbox"/> <input type="checkbox"/>	Adversely affects educational performance and needs special education support

*Behavior manifested by one or more of the following:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Inability to build or maintain interpersonal relationships
_____	<input type="checkbox"/> <input type="checkbox"/>	Inappropriate behaviors or feelings
_____	<input type="checkbox"/> <input type="checkbox"/>	General pervasive mood of unhappiness or depression
_____	<input type="checkbox"/> <input type="checkbox"/>	Tendency to develop physical symptoms or fears

*Documentation of the following:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Adaptive behavior within nonacademic settings
_____	<input type="checkbox"/> <input type="checkbox"/>	Observation of behaviors of primary concern
_____	<input type="checkbox"/> <input type="checkbox"/>	Intervention strategies used; length of time; results
_____	<input type="checkbox"/> <input type="checkbox"/>	Relevant medical information (if no relevant information write "none" in the supporting report column.)

*Behavior not primarily result of:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Intellectual factors
_____	<input type="checkbox"/> <input type="checkbox"/>	Sensory factors
_____	<input type="checkbox"/> <input type="checkbox"/>	Health factors

**340.1707 Hearing Impairment**

_____	<input type="checkbox"/> <input type="checkbox"/>	Adversely affects educational performance or interferes with development
_____	<input type="checkbox"/> <input type="checkbox"/>	Otolaryngology evaluation
_____	<input type="checkbox"/> <input type="checkbox"/>	Audiology evaluation

**340.1708 Visual Impairment**

_____	<input type="checkbox"/> <input type="checkbox"/>	Interferes with development or adversely affects educational performance
_____	<input type="checkbox"/> <input type="checkbox"/>	Ophthalmological/Optometric evaluation

*One or more of the following:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Central visual acuity 20/70 or less
_____	<input type="checkbox"/> <input type="checkbox"/>	Peripheral field restricted to no more than 20 degrees
_____	<input type="checkbox"/> <input type="checkbox"/>	Diagnosed progressively deteriorating eye condition

*If acuity 20/200 or less or field not more than 20 degrees:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Evaluation and recommendation by O&M
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**340.1709 Physical Impairment**

_____	<input type="checkbox"/> <input type="checkbox"/>	Severe orthopedic impairment
_____	<input type="checkbox"/> <input type="checkbox"/>	Adversely affects educational performance
_____	<input type="checkbox"/> <input type="checkbox"/>	Assessment data from approved physician

**340.1709a Other Health Impairment**

_____	<input type="checkbox"/> <input type="checkbox"/>	Chronic or acute health problem
_____	<input type="checkbox"/> <input type="checkbox"/>	Adversely affects educational performance
_____	<input type="checkbox"/> <input type="checkbox"/>	Assessment data from approved physician

**340.1710 Speech and Language Impairment**

Supporting Report	YES/NO	
_____	<input type="checkbox"/> <input type="checkbox"/>	Adversely affects educational performance
<i>One or more of the following:</i>		
_____	<input type="checkbox"/> <input type="checkbox"/>	Articulation Impairment
_____	<input type="checkbox"/> <input type="checkbox"/>	Voice Impairment
_____	<input type="checkbox"/> <input type="checkbox"/>	Fluency Impairment
_____	<input type="checkbox"/> <input type="checkbox"/>	Language Impairment
_____	<input type="checkbox"/> <input type="checkbox"/>	Spontaneous language sample
_____	<input type="checkbox"/> <input type="checkbox"/>	2 standard assessment instruments or 2 subtests

**340.1711 Early Childhood Developmental Delay**

_____	<input type="checkbox"/> <input type="checkbox"/>	Child through seven years of age
_____	<input type="checkbox"/> <input type="checkbox"/>	Cannot be determined through existing criteria in other eligibility rules
_____	<input type="checkbox"/> <input type="checkbox"/>	Delay in one or more areas of development equal to or greater than 1/2 of expected development

**340.1713 Specific Learning Disability**

*Severe discrepancy between achievement and ability in one or more:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Oral expressions
_____	<input type="checkbox"/> <input type="checkbox"/>	Listening comprehension
_____	<input type="checkbox"/> <input type="checkbox"/>	Written expression
_____	<input type="checkbox"/> <input type="checkbox"/>	Basic reading skill
_____	<input type="checkbox"/> <input type="checkbox"/>	Reading comprehension
_____	<input type="checkbox"/> <input type="checkbox"/>	Mathematics calculation
_____	<input type="checkbox"/> <input type="checkbox"/>	Mathematics reasoning

*Severe discrepancy not primarily a result of:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Vision, hearing or motor impairment
_____	<input type="checkbox"/> <input type="checkbox"/>	Emotional, cognitive impairments, or autism

*Documentation of the following:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Observation by team member of relevant behavior
_____	<input type="checkbox"/> <input type="checkbox"/>	Learning experiences appropriate for age and ability level
_____	<input type="checkbox"/> <input type="checkbox"/>	Relevant medical information (if no relevant information write "none" in the supporting report column.)
_____	<input type="checkbox"/> <input type="checkbox"/>	Not correctable without special education
_____	<input type="checkbox"/> <input type="checkbox"/>	Not a result of environmental, cultural or economic differences

**340.1714 Severe Multiple Impairment**

*Either of the following:*

_____	<input type="checkbox"/> <input type="checkbox"/>	Development 2-3 S.D. below mean and 2 or more of the following: Hearing not primary means to develop speech/language
_____	<input type="checkbox"/> <input type="checkbox"/>	Vision not sufficient for independent mobility
_____	<input type="checkbox"/> <input type="checkbox"/>	Physical impairment prevents independent ADL
_____	<input type="checkbox"/> <input type="checkbox"/>	Medically at risk

OR

_____	<input type="checkbox"/> <input type="checkbox"/>	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
_____	<input type="checkbox"/> <input type="checkbox"/>	Vision not sufficient for independent mobility
_____	<input type="checkbox"/> <input type="checkbox"/>	Physical impairment prevents independent ADL
_____	<input type="checkbox"/> <input type="checkbox"/>	Medically at risk

Also

_____	<input type="checkbox"/> <input type="checkbox"/>	Medical reports appropriate to disability
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**340.1715 Autism Spectrum Disorder**

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

**340.1716 Traumatic Brain Injury**

Supporting Report	YES/NO	
_____	<input type="checkbox"/> <input type="checkbox"/>	Acquired injury to brain by external physical force
_____	<input type="checkbox"/> <input type="checkbox"/>	Adversely affects educational performance
_____	<input type="checkbox"/> <input type="checkbox"/>	Assessment data from approved physician
<i>Impairment in one or more of the following</i>		
	<input type="checkbox"/>	Cognition
	<input type="checkbox"/>	Attention
	<input type="checkbox"/>	Physical functioning
	<input type="checkbox"/>	Speech
	<input type="checkbox"/>	Language
	<input type="checkbox"/>	Reasoning
	<input type="checkbox"/>	Information Processing
	<input type="checkbox"/>	Memory
	<input type="checkbox"/>	Behavior
_____	<input type="checkbox"/> <input type="checkbox"/>	Not a result of injuries that are congenital, degenerative or due to birth trauma

**340.1717 Deaf-blindness**

_____	<input type="checkbox"/> <input type="checkbox"/>	Documented hearing and visual losses that in combination affect educational performance
_____	<input type="checkbox"/> <input type="checkbox"/>	Requires additional hearing and visual supports to address unique needs
_____	<input type="checkbox"/> <input type="checkbox"/>	Assessment data from appropriate medical specialist

**IV. ELIGIBILITY RECOMMENDATION:**  Eligible  Ineligible

DESIGNATE PRIMARY (P) AND SECONDARY (S) DISABILITY WITH A

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

If ineligible, designate impairment(s) evaluated:

\_\_\_\_\_

The MET believes the impairment is not solely determined by lack of instruction 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 opinion may be attached)

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