

Speech and Language Impairment
MULTIDISCIPLINARY EVALUATION TEAM (MET) SUMMARY
Ionia County Intermediate School District

Student Name _____ MET Report Date _____
Birthdate _____ Grade _____ School Building _____
School District _____ Parent/Guardian _____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: *(Choose One)*
 Initial eligibility for special education **Change of eligibility** for special education

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a Speech and Language Impairment:

<u>Required Information</u>	<u>Date/Results</u>
Diagnostic Report(s)	_____
Spontaneous language sample <i>(language impaired only)</i>	_____
Information from parents/guardian	_____

**Attach all referenced documents and Referral For Special Education Evaluation to this page. Language impairment requires two (sub)tests.*

DIAGNOSTIC ASSURANCE STATEMENTS

The Multidisciplinary Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- The educational performance of this student is adversely affected by a communication disorder in the follow area(s): (Check all that apply)
 Language Articulation Fluency Voice
- The suspected disability is not due to the lack of instruction in reading, math or limited English proficiency.
- This student requires special education programs/services.

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of educational performance and educational needs, including a description of how the disability affects his/her progress in the general curriculum (or participation in appropriate activities for preschool students.)

ELIGIBILITY RECOMMENDATION

Based upon the above data, it is our opinion that the above student is **Eligible**, **Ineligible** as having a **Speech and Language Impairment**.

Team Members:

Speech Pathologist _____ Other/Title _____
Other/Title _____ Other/Title _____

Minority Report attached (if needed): Signature/Title _____