

Physical 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 Physical Impairment:

Required Information

Evaluator/Date

| | |
|-----------------------------------|-------|
| Diagnostic reports(s) | _____ |
| | _____ |
| Medical Report | _____ |
| Information from parents/guardian | _____ |

**Attach all referenced documents and Referral For Special Education Evaluation to this page*

DIAGNOSTIC ASSURANCE STATEMENTS

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

- This student manifests a severe orthopedic impairment that adversely affects his/her educational performance.
- 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 **Physical Impairment**.

Team Members:

MET Chairperson/Title _____ Other/Title _____

Physician _____ Other/Title _____

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