

Specific Learning Disability

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 MODEL UTILIZED

- Response to Intervention (RtI) Pattern of Strengths and Weaknesses (PSW)

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a Specific Learning Disability:

Required Information

Evaluator/Date

1. Diagnostic Report(s) including RtI information (if none, write "None")

OR

1. Diagnostic Report(s) including PSW worksheet (if none, write "None")

2. Classroom observation *(Include relevant behavior noted and relationship to academic achievement)*

3. Educational alternatives used in the classroom and the results

4. Educationally relevant medical information *(If none, write "None")*

5. Information from parents/guardian

Attach all referenced documents and Review of Existing Evaluation Data (REED) form 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 demonstrates both insufficient progress and a lack of achievement relative to age or state approved grade level standards.
- This student's lack of achievement and progress is not primarily the result of a visual, hearing, or motor disability; cognitive or emotional impairment; limited English proficiency; cultural factors; economic or environmental disadvantage; or lack of appropriate instruction.
- This student has been provided with appropriate instruction by qualified personnel and there is data-based documentation of repeated assessments of achievement at reasonable intervals, which were provided to parents.
- This student requires special education programs/services.

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of academic achievement and functional 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 **Ineligible** **Eligible** as having a **Specific Learning Disability** in the following areas:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Oral Expression |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Mathematics Problem Solving | <input type="checkbox"/> Listening Comprehension |

Team Members:

MET Chairperson/Title _____

Other/Title _____

General Ed. Teacher _____

Other/Title _____

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