

Traumatic Brain Injury

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 Traumatic Brain Injury:

Required Information

Evaluator/Date

Diagnostic reports(s)

Medical evaluation

Relevant behavior observations

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:

- The suspected disability was caused by an external physical force resulting in an injury to the brain that adversely affects this student's educational performance due to total or partial functional disability and/or psychosocial impairment.
- This student manifests an open or closed head injury resulting in impairment in one or more of the following areas: *(Check all that apply)*
 - Attention Information Processing Physical Functions
 - Behavior Language Reasoning
 - Cognition Memory Speech
- The suspected disability is NOT due to a brain injury that is congenital, degenerative or induced by birth trauma.
- 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 **Traumatic Brain Injury**.

Team Members:

MET Chairperson/Title _____ Other/Title _____

Physician _____ Other/Title _____

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