

Cognitive 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 Cognitive Impairment:

Required Information

Evaluator/Date

Intellectual Assessment(s) (including description of cognitive development) _____

Description of adaptive behavior _____

Reading and math scores (if applicable) _____

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 all of the following behavioral characteristics:
1. A developmental rate of two or more standard deviations below the mean as determined through intellectual assessment
2. Scores approximately within the lowest six percentiles on a standardized test in reading and math (If age & developmentally appropriate)
3. A lack of development primarily in the cognitive domain
4. An impairment of adaptive behavior
• 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 Cognitive Impairment.

Team Members:

Psychologist _____ Other/Title _____

Other/Title _____ Other/Title _____

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