

Early Childhood Developmental Delay  
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 an Early Childhood Developmental Delay:

**Required Information**

**Evaluator/Date**

Diagnostic report(s) regarding achievement/developmental levels \_\_\_\_\_  
Relevant behavior observations \_\_\_\_\_  
*Educationally relevant medical information (if none, write "None")* \_\_\_\_\_  
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 is seven years of age or less with a primary delay that cannot be defined through the criteria set forth in R340.1705 to R340.1710 or R340.1713 to R340.1716.
- The student manifests a delay in one or more areas of development that is equal to or greater than one-half the expected development.
- The suspected disability is not due to the lack of instruction in pre-reading, pre-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 an  
**Early Childhood Developmental Delay.**

Team Members:

MET Chairperson/Title \_\_\_\_\_ Other/Title \_\_\_\_\_  
Other/Title \_\_\_\_\_ Other/Title \_\_\_\_\_

Minority Report attached (if needed): Signature/Title \_\_\_\_\_