

Emotional 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 an Emotional Impairment:

Required Information

Evaluator/Date

Diagnostic Report(s) _____

Performance in the school setting and adaptive behavior in the broader community _____

Systematic observation of interfering behaviors _____

Intervention strategies used to improve behavior *(Including duration and results)* _____

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:

- Over an extended period, this student has manifested problems primarily in the affective domain to the extent that he/she cannot benefit from learning experiences without special education support.
- The problems are characterized by one or more of the following behaviors: *(Check all that apply)*
 - An inability to build or maintain satisfactory interpersonal relationships within the school environment
 - Inappropriate types of behaviors or feelings under normal circumstances
 - A general, pervasive mood of unhappiness or depression
 - A tendency to develop physical symptoms or fears in association with personal or school problems
 - In addition to the above behaviors, this student exhibits maladaptive behaviors related to schizophrenia or similar disorders.
- The behaviors are not primarily the result of intellectual, sensory, health factors or social maladjustment.
- This 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 an **Emotional Impairment**.

Team Members:

Psychologist/Psychiatrist _____ Other/Title _____

School Social Worker _____ Other/Title _____

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