

Hearing 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 Hearing Impairment:

Required Information

Evaluator/Date

Diagnostic Report(s)	_____
Audiological Evaluation	_____
Otolaryngologist/Otologist Evaluation	_____
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 a type or degree of hearing loss that interferes with development or adversely affects educational performance..
- 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 **Hearing Impairment**.

Team Members:

Teacher Consultant/Hi \_\_\_\_\_ Audiologist \_\_\_\_\_

Otolaryngologist/Otologist \_\_\_\_\_ Other/Title \_\_\_\_\_

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