

Severe Multiple 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 Severe Multiple Impairment:

<u>Required Information</u>	<u>Evaluator/Date</u>
Intellectual Assessment(s) <i>(including description of cognitive development)</i>	_____
Medical 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 rate of development that is: *(Choose one)*:
 - Two or three** standard deviations below the mean and **two or more** of the impairments listed below: *(Choose all that apply)*
- OR
- Three or more** standard deviations below the mean and **one or more** of the impairments listed below: *(Choose all that apply)*
 - ___ A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills
 - ___ A vision impairment so severe that the visual channel is not sufficient to guide independent mobility
 - ___ A physical impairment so severe that the activities of daily living cannot be achieved without assistance
 - ___ A health impairment so severe that this student is medically at risk
- 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 **Severe Multiple Impairment**.

Team Members:

Psychologist _____ Other/Title _____

Physician _____ Other/Title _____

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