

Charlevoix-Emmet Intermediate School District
Multidisciplinary Evaluation Team (MET) Summary

Cognitive Impairment (CI)

Student _____ Birthdate _____ School _____ Date of MET/IEP _____

Type of Evaluation: Initial Reevaluation to determine absence or presence of a disability

BASIS FOR MAKING RECOMMENDATIONS:

True False

- 1. Intellectual development is approximately _____ standard deviations below the mean as determined through intellectual assessment.
- 2. Lack of development is primarily in the cognitive domain.
- 3. There is an impairment of adaptive behavior. (See attached checklist or rating, e.g., Vineland, AAMD or written observation report.)
- 4. The student scores approximately within the lowest six (6) percentiles on a standardized test in reading and arithmetic or standard does not apply if student is not of an age, grade or mental age appropriate for formal or standardized achievement testing.
- 5. The student has been assessed in all areas related to the suspected disability including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.
- 6. Suspected disability is not due to limited English proficiency or lack of appropriate instruction in math or reading.
- 7. The findings are not primarily the result of: visual, hearing or motor impairment; emotional impairment; environmental, cultural or economic disadvantage.
- 8. Evidence exists that there is an adverse affect on the student's educational performance.

The undersigned multidisciplinary team members certify that this report reflects the conclusions reached regarding this student. Any team members who disagree with any portion of the above findings will attach a Minority Report to this copy. All reports needed to verify these findings are attached. These findings will be presented at an IEPT meeting. Results of this report will be shared with parents prior to the IEPT meeting by: _____

REQUIRED SIGNATURE: _____ School Psychologist
REQUIRED SIGNATURE: _____ Other specialist who has knowledge of
the suspected disability
OPTIONAL SIGNATURE: _____ Other

Minority Report Available