

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

Specific Learning Disability (SLD)

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. (INITIAL EVALUATIONS ONLY) A classroom observation by a person other than the student's regular teacher, the relevant behavior noted and the relationship to the behavior to the student's academic functioning is included as part of this report.
- 2. (INITIAL EVALUATIONS ONLY) Educational alternatives used in the classroom are indicated on the attached Teacher Documentation form.
- 3. The student was provided appropriate instruction in the regular education setting in reading.
- 4. The student was provided appropriate instruction in the regular education setting in math.
- 5. The student's under achievement is related to one or more of the following 8 areas. Check all that apply.
 Oral Expression Listening Comprehension Basic Reading Skills Reading Comprehension
 Reading Fluency Skills Written Expression Mathematical Calculation Mathematical Reasoning
- The evaluation option used by the team regarding this student's eligibility was (check which applies):
 A severe discrepancy: the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development; **OR**
 The student did not make sufficient progress to meet age or state approved grade level standards in response to scientific, research-based intervention.
- 6. The student was provided repeated assessments of achievement at reasonable intervals for a period of time sufficient for this eligibility recommendation.
- 7. The findings are not primarily the result of: visual, hearing or motor impairment; cognitive impairment; emotional impairment; environmental, cultural or economic disadvantage; or limited English proficiency.
- 8. 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.
- 9. Evidence that there is an adverse effect 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: _____ Diagnostic Consultant or School
Psychologist or S/L Provider
REQUIRED SIGNATURE: _____ General Education Teacher
OPTIONAL SIGNATURE: _____ Other

Minority Report Available