



## REDETERMINATION ELIGIBILITY RECOMMENDATION

ALPENA-MONTMORENCY-ALCONA  
EDUCATIONAL SERVICE DISTRICT  
2118 US 23 SOUTH  
ALPENA, MI 49707  
PHONE 989 354-3101  
FAX 989 356-3385

STUDENT NAME: \_\_\_\_\_ MET DATE: \_\_\_\_\_

### MET RECOMMENDATIONS

Based upon the information presented, the Multidisciplinary Evaluation Team (MET) makes the following recommendations:

**Yes**   **No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The impairment adversely affects the student's educational performance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The impairment necessitates special education programs/services.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The determination of impairment is not based solely upon behaviors relating to environmental, cultural or economic differences. |
| <input type="checkbox"/> | <input type="checkbox"/> | The determinant factor for eligibility is not lack of instruction in reading or math or limited English proficiency.            |
| <input type="checkbox"/> | <input type="checkbox"/> | The specific eligibility criteria were reviewed and the student appears to meet the eligibility requirements for:               |

_____	_____	_____
Disability	Rule Number	Sub rule(s)

These statements reflect the opinions of the multidisciplinary evaluation team members who sign below. This is not meant to be a certification or program decision. It is a recommendation to the IEP Team. Any member of the multidisciplinary team having a differing opinion may submit to the IEP Team a minority report covering the specific objections to the recommendation.

**MET MEMBER** (at least two required)

**POSITION**

**AGREEMENT WITH STATEMENTS ABOVE:**

**SIGNATURE**

**AGREE**

**DISAGREE**

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