



Alpena-Montmorency-Alcona Educational Service District  
 Multidisciplinary Evaluation Team (MET) Report  
 Suspected Deaf-Blindness R 340.1717

MET Report Date \_\_\_\_\_

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Type of Evaluation:  Initial  Date of last re-evaluation IEP team meeting: \_\_\_\_\_  
 Other \_\_\_\_\_

The multidisciplinary evaluation team must use the statements below as a basis for making a recommendation of eligibility.

- \*  Yes  No 1. Does this student manifest both visual and hearing impairment, the combination of which causes severe communication, developmental, and other educational needs which require placement in a special education program and additional supports that address the unique needs specific to deaf-blindness.

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- \*  Yes  No 2. Has this determination been based on data provided by a multidisciplinary evaluation team which includes data from all of the following:  
 Medical Specialists: \_\_\_\_\_  
 \_\_\_\_\_  
 A teacher of students with visual impairments: \_\_\_\_\_  
 A teacher of students with hearing impairments: \_\_\_\_\_

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- Yes  No 3. Permanent Condition (*Documentation attached*)

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- \*  Yes  No 4. Does the student manifest both hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment or hearing impairment, but the combination of which affects educational performance?

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- \*  Yes  No 5. Does the student function as if he/she has both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations?

\* Must be "YES" in order to make a recommendation for eligibility as a student with Deaf-Blind Impairment.

Yes  No **Specific eligibility requirements appear to be met for Deaf-Blindness - 340.1717.**

Information in this report was drawn from a variety of sources including parent input.

The undersigned multidisciplinary evaluation 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 findings are attached. The findings will be presented at an IEP meeting.

Signatures	Discipline		
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
_____	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree