



SPECIFIC LEARNING DISABILITY WORKSHEET/ MULTIDISCIPLINARY EVALUATION TEAM REPORT

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

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. *(Behind this page attach a copy of all referenced documents).*
- Redetermination of eligibility for special education. *(Behind this page attach a copy of all referenced documents).*

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to determine eligibility for special education as a student with a specific learning disability:

Information Gathered

Name and Date of Attached Report/Document

*Ability level _____
*Achievement level _____
*Classroom observation *(including relevant behavior noted and its relationship to academic functioning)* _____
Educational alternatives used in the classroom and the results _____
Educationally relevant medical information (if none, write "None") _____
*Information from parents _____

DIAGNOSTIC ASSURANCE STATEMENTS

The Multidisciplinary Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- The student was provided instruction appropriate for his age and ability level by qualified personnel in the general education setting
- The student was provided repeated assessments of achievement at reasonable intervals
- The under-achievement of the student is not due to lack of appropriate instruction in reading or math
- These findings are not primarily the result of:
 - Visual, hearing or motor impairment
 - Cognitive impairment
 - Environmental or economic disadvantage
 - Emotional impairment
 - Cultural factors
 - Limited English proficiency

ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team **1)** finds all of the diagnostic assurance statements to be true and **2)** recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the specific learning disability rule (R340.1713).

- Yes *(Complete all remaining sections)* No *(Proceed to the Participant Signatures section)*

The Multidisciplinary Evaluation Team must make a determination of the evaluation option used regarding this student's eligibility:

- The student did not make sufficient progress to meet age or state approved grade level standards in response to scientific, research based intervention.

- OR**
- The student exhibits a pattern of strengths and weaknesses in performance, achievement, or both relative to student's age or to state approved grade level standards or intellectual development.

The above determinations are related to one or more of the following eight areas: *(Check all that apply)*

- Oral Expression
- Written Expression
- Reading Comprehension
- Mathematics Problem Solving
- Listening Comprehension
- Basic Reading Skills
- Reading Fluency Skills
- Mathematics Calculation

PARTICIPANT SIGNATURES

As a member of the Multidisciplinary Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

| | | | | | |
|----------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|
| | YES | NO | | YES | NO |
| *Eval Team Rep _____ | <input type="checkbox"/> | <input type="checkbox"/> | Other/Role _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *General Ed. Teacher _____ | <input type="checkbox"/> | <input type="checkbox"/> | Other/Role _____ | <input type="checkbox"/> | <input type="checkbox"/> |