



Alpena-Montmorency-Alcona Educational Service District

Multidisciplinary Evaluation Team (MET) Report

Suspected Speech and Language Impairment R 340.171 0

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. All statements must be marked "Yes" for the student to be eligible as a student with a disability.

Yes No

The communication disorder is manifested by one or more of the following:	
<input type="checkbox"/>	<input type="checkbox"/> A language impairment which interferes with the student's ability to understand and use language effectively and which includes one or more of the following: phonology, morphology, syntax, semantics, pragmatics.
	<input type="checkbox"/> A spontaneous language sample demonstrates inadequate language functioning OR
	<input type="checkbox"/> Two subtests designed to determine language functioning indicate inappropriate language functioning for the student's age.
<input type="checkbox"/>	<input type="checkbox"/> An articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
<input type="checkbox"/>	<input type="checkbox"/> A fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
<input type="checkbox"/>	<input type="checkbox"/> Voice impairment, including inappropriate pitch, loudness, or voice quality.
<input type="checkbox"/>	<input type="checkbox"/> The impairment adversely affects the student's educational performance.
<input type="checkbox"/>	<input type="checkbox"/> Parent input was obtained. Name of MET member obtaining input _____ on _____ (date). The relevant information is documented in an attached report.
<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"/> Attached is a report of a comprehensive evaluation completed by a multidisciplinary evaluation team, which addresses the above items, present levels of performance and the educational needs of the student.
<input type="checkbox"/>	<input type="checkbox"/> Specific eligibility requirements appear to be met for Speech and Language Impairment R 3 40.17 1 0.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speech and Language Pathologist \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agree  Disagree  
 Agree  Disagree  
 Agree  Disagree  
 Agree  Disagree  
 Agree  Disagree