



Alpena-Montmorency-Alcona Educational Service District

Multidisciplinary Evaluation Team (MET) Report

Suspected Traumatic Brain Injury R 340.1716

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

<input type="checkbox"/>	<input type="checkbox"/>	There is an acquired injury to the brain which is caused by an external physical force
<input type="checkbox"/>	<input type="checkbox"/>	As a result of the injury, there is total or partial functional disability <u>OR</u>
<input type="checkbox"/>	<input type="checkbox"/>	psychosocial impairment, <u>OR</u>
<input type="checkbox"/>	<input type="checkbox"/>	both.
As a result of the injury, there is impairment in one or more of the following areas:		
<input type="checkbox"/>	<input type="checkbox"/>	a. Cognition
<input type="checkbox"/>	<input type="checkbox"/>	b. Language
<input type="checkbox"/>	<input type="checkbox"/>	c. Memory
<input type="checkbox"/>	<input type="checkbox"/>	d. Attention
<input type="checkbox"/>	<input type="checkbox"/>	e. Reasoning
<input type="checkbox"/>	<input type="checkbox"/>	f. Behavior
<input type="checkbox"/>	<input type="checkbox"/>	g. Physical functions
<input type="checkbox"/>	<input type="checkbox"/>	h. Information processing
<input type="checkbox"/>	<input type="checkbox"/>	i. Speech
<input type="checkbox"/>	<input type="checkbox"/>	The brain injury is not congenital or degenerative or induced by birth trauma
<input type="checkbox"/>	<input type="checkbox"/>	Assessment data is attached from an orthopedic surgeon, an internist, a neurologist, a pediatrician or family physician. Name of physician _____ Date of statement _____ The condition is permanent. <input type="checkbox"/> Yes <input type="checkbox"/> No
<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 Traumatic Brain Injury R 340.1716.

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