

Specific Learning Disability  
**MULTIDISCIPLINARY EVALUATION**  
**TEAM (MET) SUMMARY**

<b>STUDENT NAME</b>		<b>BIRTH DATE</b>	<b>REFERRAL NO.</b>	<b>DATE</b>
---------------------	--	-------------------	---------------------	-------------

**PURPOSE**

This form is used by the Multidisciplinary Evaluation Team (MET) to recommend eligibility for special education based on: *(Choose one)*

- A multidisciplinary evaluation for **initial eligibility** *(Behind this page attach copies of all referenced reports and of the Consent for Initial Evaluation)*
- A multidisciplinary evaluation for **change in eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*
- A redetermination evaluation for **ongoing eligibility** *(Behind this page attach copies of all referenced reports and of the Evaluation Review Plan)*

**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:

<u>Required Information</u>	<u>Name and Date of Attached Report/Document</u>
Performance and/or achievement level	_____
Classroom observation <i>(Including relevant behavior noted and its relationship to academic achievement)</i>	_____
Supplementary intervention/instruction (including rate of progress)	_____
Educationally relevant medical information <i>(If none, write "None")</i>	_____
Information from parents	_____

**ASSURANCES**

The evaluation team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

**(1) Oral Expression**

	<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True <input type="checkbox"/> False <input type="checkbox"/>	There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
True <input type="checkbox"/> False <input type="checkbox"/>	There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.	_____	_____
True <input type="checkbox"/> False <input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.	_____	_____
True <input type="checkbox"/> False <input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____	_____
True <input type="checkbox"/> False <input type="checkbox"/>	This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):		
	<input type="checkbox"/> A. This student exhibits a pattern of strengths and weaknesses in: <input type="checkbox"/> performance <i>and/or</i> <input type="checkbox"/> achievement <i>relative to</i>		
	<input type="checkbox"/> age <input type="checkbox"/> intellectual development <input type="checkbox"/> state approved grade level standards.		
	<input type="checkbox"/> B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.		
True <input type="checkbox"/> False <input type="checkbox"/>	This student has a suspected disability in at least one of the following areas: (check all that apply)		
	<input type="checkbox"/> (1) Oral Expression <input type="checkbox"/> (2) Listening Comprehension <input type="checkbox"/> (3) Written Expression <input type="checkbox"/> (4) Basic Reading		
	<input type="checkbox"/> (5) Reading Fluency <input type="checkbox"/> (6) Reading Comprehension <input type="checkbox"/> (7) Mathematics Calculation <input type="checkbox"/> (8) Mathematics Problem Solving		
True <input type="checkbox"/> False <input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.		

(2) Listening Comprehension

Assurance Statement

Report and Date

Section/Page

- True  False  There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.
- True  False  There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.
- True  False  The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.
- True  False  The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.
- True  False  This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):
- A. This student exhibits a pattern of strengths and weaknesses in:  performance *and/or*  achievement *relative to*  
 age  intellectual development  state approved grade level standards.
- B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.
- True  False  This student has a suspected disability in at least one of the following areas: (check all that apply)
- (1) Oral Expression       (2) Listening Comprehension       (3) Written Expression       (4) Basic Reading  
 (5) Reading Fluency       (6) Reading Comprehension       (7) Mathematics Calculation       (8) Mathematics Problem Solving
- True  False  The suspected disability adversely affects this student's educational performance and requires special education.

(3) Written Expression

Assurance Statement

Report and Date

Section/Page

- True  False  There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting. \_\_\_\_\_
- True  False  There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents. \_\_\_\_\_
- True  False  The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading. \_\_\_\_\_
- True  False  The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage. \_\_\_\_\_
- True  False  This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):
- A. This student exhibits a pattern of strengths and weaknesses in:  performance *and/or*  achievement *relative to*  
 age  intellectual development  state approved grade level standards.
- B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention. \_\_\_\_\_
- True  False  This student has a suspected disability in at least one of the following areas: (check all that apply)
- (1) Oral Expression       (2) Listening Comprehension       (3) Written Expression       (4) Basic Reading  
 (5) Reading Fluency       (6) Reading Comprehension       (7) Mathematics Calculation       (8) Mathematics Problem Solving
- True  False  The suspected disability adversely affects this student's educational performance and requires special education.

(4) Basic Reading

		<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):  <input type="checkbox"/> A. This student exhibits a pattern of strengths and weaknesses in: <input type="checkbox"/> performance <i>and/or</i> <input type="checkbox"/> achievement <i>relative to</i> <input type="checkbox"/> age <input type="checkbox"/> intellectual development <input type="checkbox"/> state approved grade level standards.  <input type="checkbox"/> B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student has a suspected disability in at least one of the following areas: (check all that apply)  <input type="checkbox"/> (1) Oral Expression <input type="checkbox"/> (2) Listening Comprehension <input type="checkbox"/> (3) Written Expression <input type="checkbox"/> (4) Basic Reading <input type="checkbox"/> (5) Reading Fluency <input type="checkbox"/> (6) Reading Comprehension <input type="checkbox"/> (7) Mathematics Calculation <input type="checkbox"/> (8) Mathematics Problem Solving	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.	_____	_____

(5) Reading Fluency

		<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):  <input type="checkbox"/> A. This student exhibits a pattern of strengths and weaknesses in: <input type="checkbox"/> performance <i>and/or</i> <input type="checkbox"/> achievement <i>relative to</i> <input type="checkbox"/> age <input type="checkbox"/> intellectual development <input type="checkbox"/> state approved grade level standards.  <input type="checkbox"/> B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student has a suspected disability in at least one of the following areas: (check all that apply)  <input type="checkbox"/> (1) Oral Expression <input type="checkbox"/> (2) Listening Comprehension <input type="checkbox"/> (3) Written Expression <input type="checkbox"/> (4) Basic Reading <input type="checkbox"/> (5) Reading Fluency <input type="checkbox"/> (6) Reading Comprehension <input type="checkbox"/> (7) Mathematics Calculation <input type="checkbox"/> (8) Mathematics Problem Solving	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.	_____	_____

(6) Reading Comprehension

		<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):  <input type="checkbox"/> A. This student exhibits a pattern of strengths and weaknesses in: <input type="checkbox"/> performance <i>and/or</i> <input type="checkbox"/> achievement <i>relative to</i> <input type="checkbox"/> age <input type="checkbox"/> intellectual development <input type="checkbox"/> state approved grade level standards.  <input type="checkbox"/> B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student has a suspected disability in at least one of the following areas: (check all that apply)  <input type="checkbox"/> (1) Oral Expression <input type="checkbox"/> (2) Listening Comprehension <input type="checkbox"/> (3) Written Expression <input type="checkbox"/> (4) Basic Reading <input type="checkbox"/> (5) Reading Fluency <input type="checkbox"/> (6) Reading Comprehension <input type="checkbox"/> (7) Mathematics Calculation <input type="checkbox"/> (8) Mathematics Problem Solving	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.	_____	_____

(7) Mathematics Calculation

		<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):  <input type="checkbox"/> A. This student exhibits a pattern of strengths and weaknesses in: <input type="checkbox"/> performance <i>and/or</i> <input type="checkbox"/> achievement <i>relative to</i> <input type="checkbox"/> age <input type="checkbox"/> intellectual development <input type="checkbox"/> state approved grade level standards.  <input type="checkbox"/> B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student has a suspected disability in at least one of the following areas: (check all that apply)  <input type="checkbox"/> (1) Oral Expression <input type="checkbox"/> (2) Listening Comprehension <input type="checkbox"/> (3) Written Expression <input type="checkbox"/> (4) Basic Reading <input type="checkbox"/> (5) Reading Fluency <input type="checkbox"/> (6) Reading Comprehension <input type="checkbox"/> (7) Mathematics Calculation <input type="checkbox"/> (8) Mathematics Problem Solving	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.	_____	_____

(8) Mathematics Problem Solving

		<u>Assurance Statement</u>	<u>Report and Date</u>	<u>Section/Page</u>
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data demonstrating student was provided appropriate instruction by qualified personnel in the general education setting.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not due to limited English proficiency or a lack of appropriate instruction in math or reading, including the essential components of reading.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability is not primarily the result of autism spectrum disorder or a cognitive, emotional, visual, hearing or motor impairment nor of an economic, cultural or environmental disadvantage.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student does not achieve adequately for the child's age or to meet state approved grade level standards and (select either A or B):  <input type="checkbox"/> A. This student exhibits a pattern of strengths and weaknesses in: <input type="checkbox"/> performance <i>and/or</i> <input type="checkbox"/> achievement <i>relative to</i> <input type="checkbox"/> age <input type="checkbox"/> intellectual development <input type="checkbox"/> state approved grade level standards.  <input type="checkbox"/> B. This student did not make sufficient progress to meet age or state approved grade level standards when using a process based on the child's response to scientific, research based intervention.	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	This student has a suspected disability in at least one of the following areas: (check all that apply)  <input type="checkbox"/> (1) Oral Expression <input type="checkbox"/> (2) Listening Comprehension <input type="checkbox"/> (3) Written Expression <input type="checkbox"/> (4) Basic Reading <input type="checkbox"/> (5) Reading Fluency <input type="checkbox"/> (6) Reading Comprehension <input type="checkbox"/> (7) Mathematics Calculation <input type="checkbox"/> (8) Mathematics Problem Solving	_____	_____
True <input type="checkbox"/>	False <input type="checkbox"/>	The suspected disability adversely affects this student's educational performance and requires special education.	_____	_____

**ELIGIBILITY RECOMMENDATION**

The Multidisciplinary Evaluation Team 1) finds all of the 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 and attach present level statement*)                       No (*Proceed to the Participant Signatures section*)

**PRESENT LEVEL OF EDUCATIONAL PERFORMANCE**

With enough detail to determine a starting point for instruction, describe this student's present level of educational performance, including a description of how the disability affects his/her progress in the general curriculum: (*For preschool age children, describe how the disability affects involvement in age-level activities*)

\_\_\_\_\_

**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
General Ed Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Eval. Team Rep. _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>