

Alpena-Montmorency-Alcona Educational Service District



Multidisciplinary Evaluation Team (MET) Report
Suspected Emotional Impairment R 340.1706

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"/>	Behavioral problems that adversely affect the student and are manifested primarily:
<input type="checkbox"/>	<input type="checkbox"/>	in the affective domain.
<input type="checkbox"/>	<input type="checkbox"/>	over an extended period of time.
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral problems are manifested by one or more of the following characteristics:
<input type="checkbox"/>	<input type="checkbox"/>	a. inability to build or maintain satisfactory interpersonal relationships with the school environment.
<input type="checkbox"/>	<input type="checkbox"/>	b. inappropriate types of behavior or feelings under normal circumstances.
<input type="checkbox"/>	<input type="checkbox"/>	c. general pervasive mood of unhappiness or depression.
<input type="checkbox"/>	<input type="checkbox"/>	d. tendency to develop physical symptoms or fears associated with personal or school problems.
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Impairment does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.
<input type="checkbox"/>	<input type="checkbox"/>	There is documentation of all of the following:
<input type="checkbox"/>	<input type="checkbox"/>	The student's performance in the educational setting and in other settings, such as adaptive behavior in the broader community.
<input type="checkbox"/>	<input type="checkbox"/>	Systematic observation of the behaviors of primary concern which interfere with educational and social needs,
<input type="checkbox"/>	<input type="checkbox"/>	Intervention strategies used to improve the behaviors and the length of time the strategies were utilized, and
<input type="checkbox"/>	<input type="checkbox"/>	Any relevant medical information.
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral problems are not primarily the result of intellectual, sensory or health factors.
<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 on: _____ Name of MET member obtaining input: _____
<input type="checkbox"/>	<input type="checkbox"/>	The relevant information is documented in attached report and/or REED.
<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 or see most recent comprehensive evaluation report or REED, completed by a multidisciplinary evaluation team, which addresses the above items, present levels of performance and educational needs of the student.
<input type="checkbox"/>	<input type="checkbox"/>	Specific eligibility requirements appear to be met for Emotional Impairment R 340.1706.

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.

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

Signatures

Discipline

Agree Disagree
 Agree Disagree
 Agree Disagree
 Agree Disagree