

Physical Impairment
Montcalm Area Intermediate School District – Phone: 989-831-5261
Multidisciplinary Evaluation Team (MET) Recommendation

Student Name _____ MET Report Date _____

Birth Date _____ Grade _____ Attending District _____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: *(Choose one)*

- Initial eligibility** for special education *(Attach a copy of all supporting data and documentation)*
- Ongoing eligibility** for special education *(Attach a copy of all supporting data and documentation)*

EVALUATION FINDINGS AND DOCUMENTATION

Attached to this MET coversheet are copies of supporting data and documentation sufficient to determine eligibility for special education as a student with a physical impairment:

Required Information

- Ability/achievement level
- Relevant behavior observations
- Educationally relevant medical information
- Information from parents and date(s)

Report Title and Date *(Attach report)*

DIAGNOSTIC ASSURANCE STATEMENTS

The Multidisciplinary Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility: *(Check all that apply)*

- This student manifests a severe orthopedic impairment that adversely affects his/her educational performance.
- The suspected disability is not due to the lack of appropriate instruction in reading, including in the essential components of reading instruction, lack of instruction in math, or limited English proficiency.

This student requires special education program/services. Yes No

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of academic achievement and functional 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.)* _____

ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team after reviewing all the pertinent information:

- 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 as having a physical impairment (R340.1709).

Primary area of eligibility

Secondary area of eligibility

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
*Physician _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>

EXCLUSIONARY FACTORS WORKSHEET

PI

Physical Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained orthopedic scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> Is there a language other than English spoken by the student's home? 		
<ul style="list-style-type: none"> Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of orthopedic performance.		
<ul style="list-style-type: none"> Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
Document all information gathered through assessment that would exclude other impairments as a factor for this student's deficient orthopedic performance.		
<ul style="list-style-type: none"> Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on orthopedic skills measured? 		
If any of the questions in sections 1-4 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, adaptive, and/or orthopedic scores.		
1. Impairment Specific Considerations		
<ul style="list-style-type: none"> The orthopedic impairment adversely affects educational performance, even with appropriate assists? 		
<ul style="list-style-type: none"> Are the student's measured skills of orthopedic functioning determined by appropriate medical personnel? 		

Present Level of Academic Achievement and Functional Performance: