

**Traumatic Brain Injury**  
**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 address the following requirements.

The following information and documentation is required to determine eligibility for special education as a student with a traumatic brain injury:

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)*

- The suspected disability was caused by an external physical force resulting in an injury to the brain that adversely affects this student's educational performance due to total or partial functional disability and/or psychosocial impairment.
- This student manifests an open or closed head injury resulting in impairment in one or more of the following areas: *(Check all that apply)*
  - Attention
  - Behavior
  - Cognition
  - Information Processing
  - Language
  - Memory
  - Physical Functions
  - Reasoning
  - Speech
- The suspected disability is not due to a brain injury that is congenital, degenerative or induced by birth trauma.
- 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 programs/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.)* \_\_\_\_\_

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## 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 under the traumatic brain injury rule (R340.1716).

**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

TBI

### Traumatic Brain Injury

| <b>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 cognitive, achievement, and adaptive scores.</b>  | Yes | No |
|--|-----|----|
| <b>1. Lack of appropriate instruction in essential components of reading and math</b>  |     |    |
| 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?  |     |    |
| <b>2. Limited English Proficiency</b>  |     |    |
| <ul style="list-style-type: none"> <li>• Is there a language other than English spoken by this student?</li> </ul>   |     |    |
| <ul style="list-style-type: none"> <li>• Is there language other than English spoken by the student's home?</li> </ul>   |     |    |
| <ul style="list-style-type: none"> <li>• Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English?</li> </ul>  |     |    |
| <b>3. Cultural Background Differences</b>  |     |    |
| 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 cognition, achievement, and adaptive behavior |     |    |
| <ul style="list-style-type: none"> <li>• 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?</li> </ul>  |     |    |
| <b>4. Medical Conditions that Impact School Performance</b>  |     |    |
| Document all information gathered through assessment that would exclude medical or health reasons for this student's deficient performance on both assessments of cognition, achievement, and adaptive behavior.   |     |    |
| <ul style="list-style-type: none"> <li>• Does the student have a medical history and/or school history of medical or health-related difficulties, other than traumatic brain injury, causing the student to have difficulty accessing the general education curriculum?</li> </ul>                         |     |    |
| <ul style="list-style-type: none"> <li>• Are there school records of illness or health-related conditions that would impact negatively on this student's ability to progress in the general education curriculum?</li> </ul>   |     |    |
| <b>5. Socioeconomic Status or Communication, Sensory or Motor Impairments</b>  |     |    |
| Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment of cognition, achievement, and adaptive functioning.   |     |    |
| <ul style="list-style-type: none"> <li>• 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 cognitive, achievement, and adaptive skills measured?</li> </ul>             |     |    |
| If any of the questions in sections 1-5 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, and/or adaptive scores:   |     |    |
| <b>6. Impairment Specific Considerations</b>   |     |    |
| <ul style="list-style-type: none"> <li>• Are the student's measured skills the result of an acquired injury to the brain?</li> </ul>   |     |    |
| <ul style="list-style-type: none"> <li>• Are the student's measured skills the result of an external physical force?</li> </ul>  |     |    |
| <ul style="list-style-type: none"> <li>• Are the student's observed behaviors in the classroom and school setting consistent with open or close head injury?</li> </ul>  |     |    |

**Present Level of Academic Achievement and Functional Performance:**