



Ann Arbor Public Schools
 STUDENT INTERVENTION & SUPPORT SERVICES
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MULTIDISCIPLINARY EVALUATION TEAM (MET) REPORT

Name: Last Full legal name as listed in school records First ① Middle _____
 Birth Date: M/D/YR Chronological Age: ②7 Years 5 Months Student #: _____
 Grade: _____ Attending School: _____ Resident District: _____
 Parent/Guardian/Surrogate Parent: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Case Coordinator: _____ MET Date: ③ _____
 Type of Evaluation: ④ Initial 3-year Other (Specify) i.e. Consideration of Change of Eligibility

- ① If the child goes by a nickname it may be listed in parentheses (J.D.) next to the first name, particularly if it is used in the narrative report.
- ② When age is stated in the narrative section, use 7 Y 5 M or 7-5 but **not** 7.5
- ③ The Date **Must** be the same as the IEP Date even if when completed prior to MET/IEP meeting and shared with the parents.
- ④ Holding down the *option key* and selecting v makes a √

BRIEF DESCRIPTION OF IDENTIFIED PROBLEM/AREA(S) OF CONCERN:

State the reason for the referral or reevaluation. It is helpful to include a brief history and additional information so the reader gains an understanding of the child and to provide a context for the evaluation.

(Initial) Sally was referred for a Special Education evaluation due to concerns about receptive and expressive language delays, limited social and play skills, and weaknesses in fine motor development. She has difficulty following directions, answering questions and interacting with others, especially her peers. Sally is very imaginative and acts out what she sees in videos, but can appear to be "in her own world". In addition, her parents reported that Sally has been experiencing temper tantrums at home since the birth of her sister and often refuses to comply with parent directives.

(3 YR) This is a Three Year Reevaluation for Sam who was diagnosed with Down Syndrome at birth. He was found eligible for Special Education services at six weeks of age in April of 2001 through the Early Intervention Program. He currently carries eligibility under Preprimary Impaired guidelines. A comprehensive evaluation was conducted to assess Sam's educational needs and determine the eligibility that best reflects the nature of his developmental delays.

(OTHER: CONSIDERATION OF CHANGE IN ELIGIBILITY) Sam was initially referred for a special education evaluation at 3 years 7 months of age due to concerns about his expressive language development. He was found eligible under Speech and Language Impairment guidelines in March of 2004. Sam also presented with delays in social and play skills. He has received Speech and Language and Occupational therapy services in addition to his classroom. Sam's parents and staff working with him over time observed that he displayed features of children on the autism spectrum. A comprehensive evaluation was requested to assess his educational needs as he transitions to Kindergarten and determine the eligibility that best describes his learning and behavioral profile.

REQUIRED TEAM MEMBERS:

➡ Include evaluators **required** to determine the eligibility in question (required team members are specified under each Rule # and identified with an * on the Assurance Pages) even if a suspected eligibility was **ruled out** (i.e. The student was not found to be on the Autism Spectrum).

*Sandra Bromley, School Psychologist
 Cassandra Benion, Speech and Language Therapist
 Jeff Flynn, Classroom Teacher*

OTHER MET CONTRIBUTORS:

➡ Include others who contributed information to the MET Report. Outside reports are considered, but may not be the sole determinant of eligibility.
 ➡ List outside evaluators, but do not attach the reports to the MET. Relevant information may be referenced in the MET with pertinent data/ summaries included.

*William Harris, Special Education Teacher
 Bernice Fluker, School Nurse*

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EVALUATION PROCEDURES:

The MET Team MUST gather data to answer referral questions/concerns and support or rule out suspected eligibility/(ies). Eligibility cannot be established with only an outside report(s).

Evaluator:	Assessment Instrument (Abbreviated Title)	Date Administered
Sandra Bromley:	Review of Records Autism Diagnostic Observation Schedule (ADOS) Module 2	3/8/06
Bill Harris:	Vineland Adaptive Behavior Scale, Second Edition (VABS-II)	4/24/06
Cassandra Benion:	Peabody Picture Vocabulary Test IIIA (PPVT III A) Clinical Evaluation of Language Fundamentals 2 Preschool (CELF 2 Preschool) Spontaneous Language Sample	3/21/06 2/20/06 3/15/06
William Harris:	Battelle Developmental Inventory- 2 nd Addition (BDI-2) Classroom Observation and Instruction	3/06 10/04- Present
Bernice Fluker:	Health and Developmental History	5/06

PARENT INPUT:

➤ Include who lives in the home; siblings, extended family, language(s) spoken in the home as well as pertinent information from the parent/guardian/surrogate parent.

➤ For Reeves include parent evaluation of progress/response to program/interventions.

➤ Report parent priorities and goals at this time.

BACKGROUND INFORMATION:

HEALTH AND DEVELOPMENTAL HISTORY:

➤ May be completed by School Nurse or any MET Team Member. There **MUST** be information to inform the team about health concerns that may be a factor in a child's performance and/or impact learning and behavior.

EDUCATIONAL HISTORY:

REVIEW OF PREVIOUS EVALUATION INFORMATION:

➤ Summarize relevant information from school-based or outside evaluations.

➤ If there have been no prior assessments other than those documented under PROGRESS IN THE CLASSROOM, this section may be deleted.

NOTE: As we review and standardize the SST/RtI process for AAPS, required information relevant to this section may be prescribed in more detail.

PROGRESS IN THE CLASSROOM:

➤ Include previous interventions to address problem areas, duration, and outcomes of these interventions. Provide supporting data. Relevant documents may be attached.

EVALUATION RESULTS AND DISCUSSION: A detailed report of test scores appears in Appendix I. **Delete this statement if all scores will be in the narrative and an appendix is not added.**

Reported test scores compare this student's performance with others in the same age group on nationally standardized tests, unless otherwise stated. It is important to remember that the average range for most tests include scores achieved by the middle 50% of the general population. The narrow band of *Average Scores* is as follows:

Average Standard Scores (including quotients, composite, and cluster scores) range from **85-115**.

Average Percentile Rankings range from the **25th to the 75th percentile**.

Average Subtest Scores, or Scaled Scores, range from **8 to 12**. **If reporting only developmental scores/levels this section may be deleted.**

➤ This is designed to be flexible for reports on students from Birth -26 Years. Add/delete/combine sections as dictated by the nature of the evaluation. Each MET member enters information in appropriate section(s) and identifies the evaluator as a contributor if it is not clear from the evaluation instruments or activities listed under EVALUATION PROCEDURES.

PLAY-BASED ASSESSMENT:

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COGNITIVE/PERCEPTUAL ABILITIES:

COMMUNICATION SKILLS:

ACADEMIC ACHIEVEMENT:

FINE MOTOR/SELF CARE SKILLS:

SENSORY PROCESSING:

GROSS MOTOR/MOBILITY SKILLS:

BEHAVIORAL ASSESSMENT:

SUMMARY AND RECOMMENDATIONS:

☞ A summary is a *shortened* version of what has been written to contain the main points and key information relevant to the referral question(s). These may be cut/pasted from the body of the report. When written with enough specificity, the summary or other statements from the MET may be directly transferred to the IEP as the PLAAFP.

The summary should give the reader a basic understanding of the child. Always start with a statement emphasizing the student's unique qualities and strengths.

Sam is an engaging, enthusiastic, and easy going five-year-old. He was found eligible under Speech and Language Impairment guidelines in March of 2004. He also presented with delays in social and play skills. Sam has participated in an ECDD classroom for almost two years. He enjoys doing schoolwork and likes to do his best. Socially Sam does initiate greetings to peers and adults and reciprocal conversation is limited. In the classroom Sam does quite well overall, however he demonstrates fewer social skills than his peers with respect to initiating behaviors. Early academic skills on standardized measures fall at the lower end of the *Average* range (Letter and Number Skills SS = 91).

Results of cognitive assessment found overall thinking and reasoning abilities in the *Borderline* range. He earned a Full Scale score of 74, placing him at the 4th %ile rank, however subtest scores across measures varied significantly, ranging from the 1st to the 75th percentile ranks. Sam had some trouble understanding oral directions and needed extra time to process information before he could reply. Expressive language was notable for trouble formulating his ideas and sharing information in a straight-forward manner. While results provide a generally accurate reflection of how Sam functions at present, behavioral variables and language processing weaknesses are believed to have undercut performance and underestimated his capacity. Sam's receptive vocabulary skills appear to be within normal limits. However, mild-to-moderate difficulties appear to persist with increasing length and complexity of information provided. Sam's language production is mild-to-moderately impaired characterized by word finding difficulties and grammatical errors, such as errors with pronouns, prepositions, irregular past tense forms, auxiliary verbs, subject-verb agreement, and negative concepts. While Sam's communication is still characterized by reduced initiation, and by difficulties understanding main ideas or priorities, rote speech, echolalia and off topic responses occur less frequently resulting in more functional speech. Sam has continued to make good progress in his fine motor, perceptual and functional skills. Some skills are demonstrated at/near an age appropriate level, in an isolated one-on-one setting, with difficulty noted in motor coordination and grasp,– Average to poor (grasp)–, *Average to Low* (motor coordination). When visual and auditory distractions are present in the classroom, Sam requires repetition of directions, verbal prompts to complete tasks. Immature and inefficient pencil grasp impact his ability to perform fine motor tasks in the classroom.

Social and communication skills assessed in a semi-structured play-based observation revealed difficulties with verbal and nonverbal communication and reciprocal social interactions. In addition, Sam displayed repetitive and restricted interests and preoccupations (recycling, rigid adherence to a route/travel schedule) . Sam's adaptive skills based on parent report fell largely in the *Average* range with the exception of play and leisure activities which ranked 2 ½ years below his

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chronological age.

Results of informal and structured observations found Sam’s profile of communicative and social skill developmental delays and restricted and repetitive behaviors consistent with an Autism Spectrum Disorder in the mild range. He continues to require Special Education Services to support his learning.

- List recommendations in general terms. Specific IEP goals/objectives belong on the IEP.
- Do not list specific programs by name when recommending an approach or methodology. (instead use Direct instruction using a systematic, cumulative, multisensory, and conceptually-based, phonics approach vs a specific type of this intervention such as Orton-Gillingham).
- There should be a recommendation to address deficit/problem areas identified or concerns to monitor.

The following may be beneficial:

1. Sam is ready for participation in a general education classroom with the following accommodations:
 - ◆ Structured routine, verbal redirection prompts, wait time, and time warnings are all positive behavioral supports that assist Sam in organizing his day.
 - ◆ Sam benefits from interactions with typically developing peers to build social skills. Assignment of a peer “buddy” during Center Time has been successful.
 - ◆ Sam benefits from visual and manipulative supports when participating in and working on academic skills.
 - ◆ Sam has difficulty following novel multi-step directions in the classroom setting. Repetition of the directions or re-wording of the directions may be needed for him to understand what is being asked.
 - ◆ Sam masters skills with repetition, visual supports and increased time for initiation and task completion.
2. Sam’s receptive language, expressive vocabulary and language as well as pragmatic skills continue to be below age-expectations. Therefore continuation of speech-language therapy is recommended. Intervention should focus on improving his language processing and pragmatic skills as well as on increasing his expressive vocabulary size.
3. Continued occupational therapy, in the form of consultation, is recommended to support Sam’s ability to access and master fine motor/writing activities in the classroom.
4. It is recommended that cognitive and academic skills be reassessed at a later date with standardized measures to compare to this base line. Although screening measures indicate encouraging progress on mastery rote academic skills, Sam’s cognitive, academic, and language skill profile suggests he may be at risk for experiencing learning difficulties as conceptual language and academic demands increase throughout the early grades. He may face challenges when asked to apply his rote knowledge in tasks that are more abstract in nature and require he integrate and generalize information at the same level.

ELIGIBILITY RECOMMENDATIONS:

➤ **Delete** all the eligibilities that are not relevant to the referral. Retain those considered based on the referral question(s). Identify Primary and Secondary if more than one eligibility is established. Complete Assurance Pages(s) for each considered whether ruled in or ruled out.

- Not Eligible
- Eligible under Autism Spectrum Disorder (ASD) R340.1715
- Eligible under Cognitive Impairment (CI) R340.1705
- Eligible under Early Childhood Developmental Delay R340.1711
- Eligible under Emotional Impairment (EI) R340.1706
- Eligible under Hearing Impairment (HI) R340.1707
- Eligible under Physical Impairment (PI) R340.1709
- Eligible under Other Health Impairment R340.1709a
- Eligible under Severe Multiple Impairment (SXI) R340.1714
- Eligible under Specific Learning Disability (SLD) R340.1713
- Eligible under Speech and Language Impairment (SLI) R340.1710
- Eligible under Traumatic Brain Injury R340.1716
- Eligible under Visual Impairment (VI) R340.1708
- Eligible under Deaf-Blindness R340.1717

•Copies to: SISS, Parent/Guardian/Surrogate Parent, School, Service Providers, and Case Coordinator (After the IEPT, the identified Service Provider shall be the Case Coordinator.)

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