



SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT
MULTIDISCIPLINARY EVALUATION TEAM REPORT
DEAF OR HARD OF HEARING

MET

Rule #340.1707

Student _____ B.D. _____ Date _____

1. Is there evidence, based on observation, testing and/or report, of deafness or hearing loss which adversely affects educational performance in a general classroom setting? Yes _____ No _____
2. Has this determination been based on a full and individual evaluation by a multidisciplinary evaluation team which shall include an otolaryngologist or otologist and an audiologist?*(Report Attached/Per History) Yes _____ No _____
3. Is there evidence, based on observation, testing, and/or report of a hearing loss so severe that the auditory channel is not the primary means of developing speech and language skills? Yes _____ No _____
4. Is there evidence, based on observation, testing and/or report, of a permanent or fluctuating hearing loss which is less severe than the hearing loss of deaf persons and which permits the use of the auditory channel as the primary means of developing speech and language skills? Yes _____ No _____
5. Is the determinant factor for finding the student impaired a:
 - (a) Lack of instruction in reading or math? Yes _____ No _____
 - (b) Limited English proficiency? Yes _____ No _____
6. We recommend to the IEPT that this student;
 - _____ A. Is eligible as a student under Deaf or Hard of Hearing Rule #340.1707.
 - _____ B. Is not eligible as a student under Deaf or Hard of Hearing Rule #340.1707.

Name	Title	Agree	Disagree**
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Specialist coordinating the evaluation

Teacher(s)

*Mandated persons. R340.1707(2) Minimum of two persons responsible to evaluate. R340.1701b(b)

**If not in agreement a minority report may be attached presenting the individual's conclusions.

M-Team representative to IEPT _____