

SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT

MULTIDISCIPLINARY EVALUATION TEAM REPORT SPECIFIC LEARNING DISABILITY

MET

Rule #34	0.1713	Sub Rule a, b, c, d, e, f, g					
Student_		B.DDate					
1.	The stude	ent was provided appropriate instruction by qualified personnel in the general education setting	. Y	es	_ No	-	
2.		ent was provided repeated assessment of achievement at reasonable intervals with data-based YesNo	d docum	nentation	available a	nd provided to	
3.	Observation	on completed by on (dates).					
		behavior was noted and the relationship of that behavior to the student's academic performant general education teacher within the preceding report.	ce has b	een doc	umented by	other than the	
	Not	applicable if this is a three year re-evaluation.					
4.	The suspected disability of this student is based on the following rationale: (Check all that apply)						
	A.	Is there evidence that the child did not respond to scientific, research-based intervention? OR	Υ	/es	_No	-	
	B.	Does this student exhibit a pattern of strengths and weaknesses in performance, achievement or both, relative to student's age or to state approved standards, or intellectual development?		/es	_No	-	
		The student has a suspected disability in at least one of the following achievement areas: (Check all that apply)					
		b. Listening comprehension e. Reading comprehension	_ _ g.		culation blem solvir fluency skil		
5.		nected disability primarily the result of cognitive, emotional, visual, hearing, motor, or autism sportionmental disadvantage?			nor of an e		
6.	Does the si	uspected disability adversely affect this student's educational performance and requires speci-			No		
7.		any relevant medical findings? lach documentation.)			No		
8.	(a) Lack	erminant factor for finding the student impaired a: c of instruction in reading or math? ted English proficiency?	Y	/es /es	_No		
9.	We recommend to the IEPT that this student: A. Is eligible as a student with a Learning Disability Rule #340.1713 (Sub Rule Letter) B. Is not eligible for certification as a student with a Learning Disability						
	Name	Title			Agree	Disagree**	
	*School P	sychologist, Teacher Consultant or Speech & Language Provider					
	*Regular E	Education Teacher					
	Other						

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^{*}Mandated persons. R340.1713(7) 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.