

**SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT  
MULTIDISCIPLINARY EVALUATION TEAM REPORT  
SPEECH AND LANGUAGE IMPAIRMENT**

**MET**

Rule #340.1710

Student \_\_\_\_\_ B.D. \_\_\_\_\_ Date \_\_\_\_\_

1. Has the impairment been determined through the manifestation of one or more of the following?
- Yes \_\_\_\_\_ No \_\_\_\_\_      A. Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
- Yes \_\_\_\_\_ No \_\_\_\_\_      B. Voice impairment, including inappropriate pitch, loudness, or voice quality.
- Yes \_\_\_\_\_ No \_\_\_\_\_      C. Fluency impairment, including abnormal rate of speaking, speech interruptions, repetition of sounds, words, phrases, or sentences, which interferes with effective communication.
- Yes \_\_\_\_\_ No \_\_\_\_\_      D. One or more of the following language impairments:  
       \_\_\_\_\_ phonological    \_\_\_\_\_ syntactic  
       \_\_\_\_\_ morphological    \_\_\_\_\_ semantic  
       \_\_\_\_\_ pragmatic use of aural/oral language

AS EVIDENCED BY BOTH OF THE FOLLOWING

(1) A spontaneous language sample demonstrating inadequate functioning.      Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Tests results, on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning, which indicate inappropriate language functioning for the child's age.      Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has the determination of impairment been based on a full and individual evaluation by a multidisciplinary team which shall include a teacher of the speech and language impaired?      Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does this speech impairment interfere with development or adversely affect educational performance?      Yes \_\_\_\_\_ No \_\_\_\_\_
4. 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 \_\_\_\_\_
5. We recommend to the IEPT that this student:

- \_\_\_\_\_ A. Is eligible as a student with Speech and Language Impairment Rule #340.1710.  
 \_\_\_\_\_ B. Is not eligible for certification as a student with Speech and Language Impairment Rule #340.1710.

Name	Title	Agree	Disagree**
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\*Teacher of students with a Speech and Language Impairment/Speech and Language Pathologist

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Teacher(s) (See Page 1 of 3)

\*Mandated person. R340.1710(5) 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 \_\_\_\_\_