

**Multidisciplinary Evaluation Team (MET) Report
For Determining Specific Learning Disability Eligibility**

Student: _____ DOB: _____ Age: _____ Student ID: _____

MET date: _____ Evaluation date: _____ Service school: _____

Specific evaluation requirements:

Yes No The student was assessed in all areas of suspected disability, the evaluation included an intellectual assessment, and a team member other than the student's general education teacher observed the student's academic performance in a general education classroom setting.

Eligibility criteria:

Specific learning disability means a specific learning disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. This disorder includes such conditions as perceptual disabilities, minimal brain dysfunction, dyslexia and aphasia. This disorder does not include learning problems which are primarily the result of visual, hearing, motor or emotional disabilities, of mental retardation or of environmental, cultural or economic disadvantage. A.R.S. 15-761

A child shall not be determined to be a child with a disability if the determinant factor for such determination is lack of appropriate instruction in reading or math, or limited English proficiency. 20 U.S.C. 1414.614

Team decision regarding the presence of a disability:

Yes No The student meets the eligibility criteria for specific learning disability.

If the student is eligible, additional team decisions:

Yes No This is the student's primary disability.

Yes No The student needs special education services.

The student does not achieve commensurate with his or her age and ability levels in one or more of the areas listed below when provided with appropriate learning experiences, and the student has a severe discrepancy between achievement and intellectual ability, which is not correctable without special education and related services, in one or more of the following areas:

- Oral Expression Listening comprehension Basic reading skills Reading comprehension
 Mathematics calculation Mathematics reasoning Written expression

Additional information, as needed:

Each team member will certify in writing whether this report reflects his or her conclusions. If it does not, the team member will submit a separate statement presenting his or her conclusions.

| EVALUATION TEAM PARTICIPANTS | SIGNATURES | AGREE | DISAGREE |
|--|------------|-------|----------|
| Parent/guardian/surrogate | | | |
| Student | | | |
| General education teacher | | | |
| Special education teacher/service provider | | | |
| Person interpreting evaluation results | | | |
| District/school representative | | | |
| Other | | | |