

**MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION**

**MET DOCUMENTATION FORM**

Greenville Public School District  
 Dr. Janice McKinnie Monroe, Director of Special Services (662)334-2862  
 430 N. Martin Luther King Jr. Boulevard; Greenville, MS 38701

Name: _____		School: _____	
MSIS: _____	DOB: _____	Grade: _____	Age: _____ Gender: _____
Referral Source: Teacher _____		TST Committee _____	Parent _____ Reevaluation _____
		Preschool _____	Other: _____

Date of Request: \_\_\_\_\_ Date of MET meeting: \_\_\_\_\_

<p><b>The following information was reviewed by MET:                  (Check only the documentation reviewed)</b></p> <p><input type="checkbox"/> Information/Reports provided by parent/guardian</p> <p><input type="checkbox"/> Universal Screening results student and class data</p> <p><input type="checkbox"/> Required Tier I, II, and III forms</p> <p><input type="checkbox"/> Progress monitoring for academic objectives</p> <p><input type="checkbox"/> Progress monitoring for behavior objectives</p> <p><input type="checkbox"/> Student Data Form</p> <p><input type="checkbox"/> Social/Emotional Worksheet</p> <p><input type="checkbox"/> Copy of cumulative record insert</p> <p><input type="checkbox"/> Discipline reports from current and previous years</p> <p><input type="checkbox"/> Attendance reports from current and previous years</p>	<p><input type="checkbox"/> Current grades</p> <p><input type="checkbox"/> Vision screening</p> <p><input type="checkbox"/> Hearing screening</p> <p><input type="checkbox"/> Teacher Narrative</p> <p><input type="checkbox"/> Behavior logs</p> <p><input type="checkbox"/> FBA/BIP</p> <p><input type="checkbox"/> Developmental History</p> <p><input type="checkbox"/> Classroom observation</p> <p><input type="checkbox"/> Current or previous IEP with goals updated</p> <p><input type="checkbox"/> L/S Dismissal Narrative</p> <p><input type="checkbox"/> Reevaluation Summary</p> <p><input type="checkbox"/> Other/Specify:</p>
---	--

<p><b>Recommendation of Team for Initial Referrals:</b></p> <p>_____ Comprehensive Assessment is recommended.</p> <p>_____ Comprehensive Assessment is not recommended.</p> <p><b>Recommendation of Team for Reevaluations:</b></p> <p>_____ IEP Committee Decision – Comprehensive Assessment is recommended.</p> <p>_____ Notice for Additional Assessment is completed at MET.</p> <p>_____ School will complete Notice for Additional Assessment with parent.</p> <p>_____ IEP Committee Decision – Comprehensive Assessment is not recommended at this time. Based on information reviewed, this student continues to need special education services and related services as indicated on the current IEP. The current eligibility should be continued.</p> <p>_____ Notice for No Additional Assessment is completed at MET</p> <p>_____ School will complete Notice for No Additional Assessment with parent.</p> <p>_____ Language/Speech Dismissal: Committee recommends dismissal from speech services.</p> <p>(If Parent does not attend meeting, Parent must be given written notice for decision within 7 days)</p> <p>Other Recommendations:</p>
---

MET Members Signatures/Positions:	