

GREENVILLE PUBLIC SCHOOL DISTRICT • OFFICE OF SPECIAL EDUCATION

MET DOCUMENTATION FORM

Name: _____ School: _____

MSIS: _____ DOB: _____ Grade: _____ Age: _____ Gender: _____

Referral Source: Teacher _____ TST Committee _____ Parent _____ Reevaluation _____ Preschool _____ Other: _____

Date of Request: _____ Date of MET meeting: _____

<p>The following information was reviewed by MET: (Check only the documentation reviewed)</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>
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Recommendation of Team for Initial Referrals:

____ Comprehensive Assessment is recommended.

____ Comprehensive Assessment is not recommended.

Recommendation of Team for Reevaluations:

____ IEP Committee Decision – Comprehensive Assessment is recommended.

____ Notice for Additional Assessment is completed at MET.

____ School will complete Notice for Additional Assessment with parent.

____ 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.

____ Notice for No Additional Assessment is completed at MET

____ School will complete Notice for No Additional Assessment with parent.

____ Language/Speech Dismissal: Committee recommends dismissal from speech services.

(If Parent does not attend meeting, Parent must be given written notice for decision within 7 days)

Other Recommendations:

MET Members Signatures/Positions:	
MET Member/Parent	MET Member/Agency Representative
MET Member/Gen Ed Teacher	MET Member/SLP
MET Member/Special ED Teacher	MET Member/Psychometrist or Psychologist
MET Member/Position	MET Member/Position
MET Member/Position	MET Member/Position