

**SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT
MULTIDISCIPLINARY EVALUATION TEAM REPORT
EMOTIONAL IMPAIRMENT**

MET

Rule #340.1706, Sub Rule a, b, c, d, R.340.1721a

Student _____ DOB _____ Date _____

1. Behavior(s) of primary concern have been systematically observed by _____
_____ on _____ (dates).
____ Not applicable if this is a three year re-evaluation.

2. The following strategies were used to improve behavior
strategy: _____ length of time utilized: _____

3. Are behavior(s) manifested in the affective domain by 1 or more of the following?
Yes ____ No ____ A. Inability to build or maintain interpersonal relationships within the school setting.
Yes ____ No ____ B. Inappropriate types of behaviors or feelings under normal circumstances.
Yes ____ No ____ C. General pervasive mood of unhappiness or depression.
Yes ____ No ____ D. Tendency to develop physical symptoms or fears associated with personal or school problems.

4. Is there evidence that the behavioral problems were manifest over an extended period of time? Yes ____ No ____

5. Is there evidence that this behavior adversely affects educational performance to the extent that the student cannot profit from regular learning experiences without special education support? Yes ____ No ____

6. Are the student's behaviors solely the result of social maladjustment? Yes ____ No ____

7. Are the student's behaviors primarily the result of intellectual, sensory or health factors? Yes ____ No ____

8. Does this report include documentation of the student's performance in the educational settings and in other settings, such as adaptive behavior in the broader community? Yes ____ No ____

9. Were relevant medical findings reviewed? Yes ____ No ____

10. 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 ____

11. We recommend to the IEPT that _____:
____ A. Is eligible as a student with an Emotional Impairment, Rule #340.1706, Sub Rule Letter _____.
____ B. Is not eligible as a student with an Emotional Impairment, Rule #340.1706

12. Have the student's behavior(s) of primary concern been apparent over an extended period of time?
(over 3 mos.) Yes ____ No ____

Name	Title	Agree	Disagree**

*School Social Worker			

*School Psychologist or Psychiatrist			

Teacher(s)			

Other			

*Mandated persons. R340.1706(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 _____