



SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT
MULTIDISCIPLINARY EVALUATION TEAM REPORT
PHYSICAL IMPAIRMENT

MET

Rule #340.1709

Student _____ B.D. _____ Date _____

1. Has the determination been based on a full and individual evaluation by a multidisciplinary team, which included assessment data from one of the following persons:
an orthopedic surgeon, internist, neurologist, pediatrician, family physician or
any other approved physician?* (Report Attached/Per History) Yes _____ No _____
2. Is there evidence of a severe orthopedic impairment? Yes _____ No _____
3. Is there evidence, based on observation, testing and/or report, that the
severe orthopedic impairment adversely affects 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 a Physical Impairment Rule #340.1709.
_____ B. Is not eligible as a student with a Physical Impairment Rule #340.1709.

Name _____ Title _____ Agree _____ Disagree** _____

Specialist coordinating the evaluation

Teacher(s)

*Mandated person. R340.1709(2) 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 _____