



SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT  
MULTIDISCIPLINARY EVALUATION TEAM REPORT  
TRAUMATIC BRAIN INJURY

MET

Rule #340.1716

Student \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

1. Has the determination of disability been based upon a full and individual evaluation by a multidisciplinary evaluation team, which included an assessment from a family physician or other approved physicians.\* (Report Attached) Yes \_\_\_ No \_\_\_
2. Is the traumatic brain injury an acquired injury to the brain that was caused by an external physical force? Yes \_\_\_ No \_\_\_
3. Is the brain injury congenital, degenerative, or was it induced by birth trauma? ("Traumatic brain injury" does not apply to such injuries) Yes \_\_\_ No \_\_\_
4. Has the traumatic brain injury resulted in total or partial functional disability or psycho-social impairment, or both, that adversely affects the student's educational performance? Yes \_\_\_ No \_\_\_
5. Has the injury resulted in impairment in one or more of the following areas?
 

___ cognition	___ attention	___ physical functions
___ language	___ reasoning	___ information processing
___ memory	___ behavior	___ speech
6. Is the determinant factor for finding the student impaired a:
 

a. Lack of instruction in reading and math	Yes ___ No ___
b. Limited English Proficiency	Yes ___ No ___
7. We recommend to the IEPT that this student:
 

___ A. Is eligible as a student with a traumatic brain injury, Rule #340.1716
___ B. Is not eligible as a student with a traumatic brain injury.

Name	Title	Agree	Disagree**
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\_\_\_\_\_  
Specialist Coordinating the Evaluation

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Other

\*Mandated person. R340.1716(3) 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 \_\_\_\_\_