



SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT
MULTIDISCIPLINARY EVALUATION TEAM REPORT
OTHER HEALTH IMPAIRMENT

MET

Rule #340.1709a

Student _____ B.D. _____ Date _____

1. Has the determination been based on a full and individual evaluation by a multidisciplinary team, which included 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 health impairment that limits strength, vitality or alertness, including a heightened alertness to environmental stimuli which results in limited alertness with respect to the educational environment? Yes _____ No _____
3. Is there evidence that the health problem is either chronic or acute? Yes _____ No _____
4. Is there evidence, based on observation, testing and/or report, that the health impairment adversely affects educational performance? Yes _____ No _____
5. 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 _____
6. We recommend to the IEPT that this student:
_____ A. Is eligible as a student with an Other Health Impairment Rule #340.1709a.
_____ B. Is not eligible as a student with an Other Health Impairment Rule #340.1709a.

Name	Title	Agree	Disagree**
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Specialist coordinating the evaluation

Teacher(s)

*Mandated persons. R340.1709a(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 _____