**RANKIN COUNTY SCHOOL DISTRICT**

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| **MET DOCUMENTATION FORM** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MSIS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Gender:\_\_\_\_\_\_ Race:\_\_\_\_\_  Referral Source: Teacher\_\_\_\_ TST Committee\_\_\_\_ Parent\_\_\_\_ Reevaluation\_\_\_\_ Preschool\_\_\_\_ Other:\_\_\_\_ |

Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of MET meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **The following information was reviewed by MET:**  **(Check only the documentation reviewed)**  € Information/Reports provided by parent/guardian  € Universal Screening results student and class data  € Required Tier I, II, and III forms  € Progress monitoring for academic objectives  € Progress monitoring for behavior objectives  € Student Data Form  € Social/Emotional Worksheet  € Copy of cumulative record insert  € Discipline reports from current and previous years  € Attendance reports from current and previous years | € Current grades  € Vision screening  € Hearing screening  € Teacher Narrative  € Behavior logs  € FBA/BIP  € Developmental History  € Classroom observation  € Current or previous IEP with goals updated  € Language/Speech Exit Form  € Reevaluation Summary  € Other/Specify: |

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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.  \_\_\_\_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  \_\_\_\_Language/Speech Dismissal: Committee recommends dismissal from speech services.  **Other Recommendations:** See Prior Written Notice |

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| I have received a copy of the Procedural Safeguards regarding the rights of my child under the Individuals with Disabilities Education Act (IDEA). The Procedural Safeguards have been explained to me and I understand my parental rights. | A copy of the Procedural Safeguards can be electronically accessed via:  <http://www.rcsd.ms/Page/50163>  <http://www.mdek12.org/OSE/parents>  **Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| MET Members Signatures/Positions: | |
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