



Rankin County
School District

TRADITION OF EXCELLENCE

MET Request & Referral Process

**Meetings must be held within 10 school days of a referral.*

***Requests:** (A parent/guardian can request an evaluation. This could also be a school request for health related issues or a transfer with significant academic or behavioral issues. If a student exits a facility, the local TST should meet to determine if an immediate school MET referral is needed.)

When a request has been made, alert the counselor or assistant principal.
Day 1 begins the day the request is made by the parent or the local TST.

Counselor or Assistant Principal alerts **Shannon Boyce**.

The Counselor will:

Begin to gather paperwork for MET meeting.

contact **Shannon Boyce** for possible meeting dates and times.

schedule the meeting and send Meeting Invitation to parent/guardian.

Begin to confirm scheduled date with **Shannon Boyce** and all other MET members of upcoming **meeting**. *If the request is for a student who is receiving academic intervention, dyslexia therapy, or behavior intervention, please state that along with the student's name and grade when you email district personnel so we can plan for the appropriate person to attend. Email Wendi Murray and Robin Sanders for academic and dyslexia interventions, and alert Charlene Fowler and Jessica Smith for behavior interventions.

Possible Team Members: Administrator, District SPED Dept. Personnel, Parent/Guardian, Counselor, Regular Ed Teacher, School Nurse, Language/Speech Therapist (if child is served for Speech only or if parent requests Speech services), Interventionist (if child is in TIER)

***TST Referrals:** Follow the RTI process

The School Interventionist will:

alert **Shannon Boyce** by email that a MET meeting needs to be scheduled.

contact **Shannon Boyce** for possible meeting dates and times to schedule the meeting and send Meeting Invitation to parent/guardian.

confirm scheduled date with **Shannon Boyce** and all other MET members.

Begin to contact the District Interventionist when the referral is made and date of meeting.

Remember, for students in the RTI process, the Teacher Narrative and the Developmental History must be current prior to the MET meeting. For behavior, 7 additional days of ABC Data and the Summary of Behavior form will need to be completed.

Possible Team Members: Administrator, District SPED Dept. Personnel, Parent/Guardian, Counselor, Regular Ed Teacher, School and District Interventionists, Speech-Language Therapist, School Nurse.

REQUIRED PAPERWORK FOR ALL 10-DAY MEETINGS

- Child Find Request - Agency Rep
- Developmental History **Interview** - Counselor
- ____ Student Data Profile Sheet- Counselor
- Hearing/Vision screening - School Nurse
- ____ Teacher Narrative - Classroom Teacher
- ABC Data & Summary (if needed for behavior) - Classroom Teacher/Counselor

Counselor will alert the school nurse to perform a hearing/vision screening. **Completed paperwork and copies of any outside testing or reports will be sent (within 48 hours of the request notification to District Office) to Shannon Boyce. Additional 7 days of ABC data, the Summary of Behavior, and the Hearing/Vision screening will be sent upon completion.**



MET Documentation Form

The *MET Documentation Form* is a tool to guide public agencies in MET discussions, document the information discussed at MET meetings, and the determination of the MET. The *MET Documentation Form*, or a similar form, is recommended for use when conducting a MET meeting to ensure all data have been collected, reviewed, and considered in documenting a MET decision.

1. Collect all data necessary to make an informed decision about a particular child. The data will vary depending on the type of decision that will be determined.
2. Record the student's information (i.e., name, school, MSIS number, date of birth, grade, age, and gender). Also, document the referral source of the student to be discussed.
3. Record the date the public agency received the request; this is considered to be day one (1) of the fourteen day timeline for convening MET to respond to any Child Find requests. Also, record the date of the actual MET meeting. The date of MET should be within 14 days of the Child Find request.
4. Record the information that was available and reviewed during the MET meeting by checking the appropriate boxes. Not all of the data listed on the form may be required. If information is not available, but needed, the MET Chairperson should document what will be additionally collected and who is responsible for each piece of information. If the MET suspects that the student may be a child with a disability, the additional documentation should be collected as part of the evaluation process.
5. Record the recommendations of the MET and the actions taken or needed. Record additional recommendations if they are necessary.
6. Record the members present at the meeting and their positions. ALL required members should be in attendance with documentation provided that the parent was in attendance or invited.
7. Provide copies of the form to the parent along with the required documents determined by the committee's decision.



MET DOCUMENTATION FORM

Name: _____ School: _____

MSIS: _____ DOB: _____ Grade: _____ Age: _____ Gender: _____

Referral Source: Teacher _____ TST Committee _____ Parent _____ Reevaluation _____ Preschool _____ Other: _____

Date of Request: _____ Date of MET meeting: _____

The following information was reviewed by MET: (Check only the documentation reviewed)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Information/Reports provided by parent/guardian <input type="checkbox"/> Universal Screening results student and class data <input type="checkbox"/> Required Tier I, II, and III forms <input type="checkbox"/> Progress monitoring for academic objectives <input type="checkbox"/> Progress monitoring for behavior objectives <input type="checkbox"/> Student Data Form <input type="checkbox"/> Social/Emotional Worksheet <input type="checkbox"/> Copy of cumulative record insert <input type="checkbox"/> Discipline reports from current and previous years <input type="checkbox"/> Attendance reports from current and previous years <input type="checkbox"/> Current grades | <ul style="list-style-type: none"> <input type="checkbox"/> Vision screening <input type="checkbox"/> Hearing screening <input type="checkbox"/> Teacher Narrative <input type="checkbox"/> Behavior logs <input type="checkbox"/> FBA/BIP <input type="checkbox"/> Developmental History <input type="checkbox"/> Classroom observation <input type="checkbox"/> Current or previous IEP with goals updated <input type="checkbox"/> L/S Dismissal Narrative <input type="checkbox"/> Reevaluation Summary <input type="checkbox"/> Other/Specify: |
|---|--|

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:

(Prior Written Notice and Procedural Safeguards should be provided to parent within 7 days.)

MET Members Signatures/Positions:



Prior Written Notice

Student's Name: _____

Date given/sent/mailed: _____

Dear Parent:

Public agencies are required to provide written notice to the parent when they propose/refuse to initiate or change the identification, evaluation or educational placement of a child, or propose/refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or refused regarding your child.

REQUEST

On _____ (date), your child's school proposed the following action as outlined below.

ACTION PROPOSED

Your child's school proposes to:

- Conduct an initial comprehensive evaluation of your child
- Conduct a reevaluation of your child
- Determine your child's eligibility status and disability category
- Change your child's eligibility status or disability category based on a comprehensive reevaluation
- Exit your child from special education
- Begin new special education and/or related services
- Develop an Individualized Education Plan (IEP) for your child
- Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel)
- Provide Extended School Year (ESY) services
- Change your child's educational placement
- Remove your child for disciplinary reasons which results in a change in placement (e.g., removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting)
- Other _____

Describe the specific action proposed:

This action will go into effect:

- after receiving your informed written consent on the parental consent form (for evaluations).
- on _____ (date)

ACTION REFUSED

Your child's school refuses to:

- Conduct an initial comprehensive evaluation of your child
- Conduct a reevaluation of your child
- Change your child's eligibility status or disability category based on a comprehensive reevaluation
- Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel)
- Provide Extended School Year (ESY) services
- Change your child's educational placement
- Other _____

Describe the specific action proposed:

REASON/JUSTIFICATION

List the reason(s) or justification(s) for taking the proposed action(s) or for refusing to take the action(s) requested.

Describe other options that were considered and rejected.

The following evaluation procedures, tests, records, or reports were used in making this decision:

- School records (e.g., grades, attendance reports, teachers' observation, achievement test scores, discipline reports, current IEP)
- Assessment data (e.g., language, physical, emotional/behavioral, sociological, medical, intellectual, educational performance)
- Behavior Plan (BIP) / Functional Behavioral Assessment (FBA)
- Parent Information
- Other: _____

Describe any other relevant factors to this situation.

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 7219. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice, which describes the rights of you and your child. A copy of the Procedural Safeguards can be found at: <http://www.rcsd.ms/Page/40090>. If you have any questions about your rights and/or would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education
Post Office Box 771
Jackson, MS 39205
Phone: 601-359-3498
Fax: 601-359-1829
Toll Free Parent Hotline
1-877-544-0408

Disability Rights of Mississippi
210 E. Capital Street, Suite 600
Jackson, MS 39201
Phone: 601-968-0600
Fax: 601-968-0665
Toll Free Number
1-800-772-4057

MS Parent Training & Information Center
2 Old River Place, Suite M
Jackson, MS 39202
Phone: 601-969-0601
Fax: 601-709-0250
Toll Free Number
1-800-721-7255

Please contact me if you have any questions regarding this information:

Sincerely,

Name and Title

Telephone Number

Seven Day Notice/Waiver

- I understand that I have 7 days to consider the committee's decision, but I would like to waive the 7-day waiting period so that the committee's action or refusal may begin on _____.
- I understand that I have 7 days to consider the committee's decision as described above. I do not waive the 7-day waiting period so the action or refusal may not begin until after 7 days.

Parent's signature:

Date: