

RANKIN COUNTY SCHOOL DISTRICT



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: _____

<p>The following information was reviewed by MET: (Check only the documentation reviewed)</p> <p><input type="checkbox"/> Information/Reports provided by parent/guardian</p> <p><input type="checkbox"/> Universal Screening results student and class data</p> <p><input type="checkbox"/> Required Tier I, II, and III forms</p> <p><input type="checkbox"/> Progress monitoring for academic objectives</p> <p><input type="checkbox"/> Progress monitoring for behavior objectives</p> <p><input type="checkbox"/> Student Data Form</p> <p><input type="checkbox"/> Social/Emotional Worksheet</p> <p><input type="checkbox"/> Copy of cumulative record insert</p> <p><input type="checkbox"/> Discipline reports from current and previous years</p> <p><input type="checkbox"/> Attendance reports from current and previous years</p>	<p><input type="checkbox"/> Current grades</p> <p><input type="checkbox"/> Vision screening</p> <p><input type="checkbox"/> Hearing screening</p> <p><input type="checkbox"/> Teacher Narrative</p> <p><input type="checkbox"/> Behavior logs</p> <p><input type="checkbox"/> FBA/BIP</p> <p><input type="checkbox"/> Developmental History</p> <p><input type="checkbox"/> Classroom observation</p> <p><input type="checkbox"/> Current or previous IEP with goals updated</p> <p><input type="checkbox"/> Language/Speech Exit Form</p> <p><input type="checkbox"/> Reevaluation Summary</p> <p><input type="checkbox"/> Other/Specify: _____</p>
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<p>Recommendation of Team for Initial Referrals:</p> <p>_____ Comprehensive Assessment is recommended.</p> <p>_____ Comprehensive Assessment is not recommended.</p>	<p>Recommendation of Team for Reevaluations:</p> <p>_____ IEP Committee Decision – Comprehensive Assessment is recommended.</p> <p>_____ 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</p> <p>_____ Language/Speech Dismissal: Committee recommends dismissal from speech services.</p>
<p>Other Recommendations: See Prior Written Notice</p>	

<p>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.</p>	<p>A copy of the Procedural Safeguards can be electronically accessed via: http://www.rcsd.ms/Page/50163 http://www.mdek12.org/OSE/parents</p> <p>Parent Signature: _____</p>
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MET Members Signatures/Positions:	

