

**Wexford-Missaukee**  
**INTERMEDIATE SCHOOL DISTRICT**  
**MULTIDISCIPLINARY EVALUATION TEAM (MET) REPORT**  
**PHYSICAL IMPAIRMENT**

- Initial Evaluation  
 Re-evaluation

Date of Summary \_\_\_\_\_  
School District \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_  
BUILDING \_\_\_\_\_  
GRADE \_\_\_\_\_

**Required Information**

**Name of Attached Report In which Information is located**

Aptitude and achievement test results (current level of educational performance) \_\_\_\_\_  
Relevant behavior noted in school environment \_\_\_\_\_  
Information from parents: Contacted by \_\_\_\_\_ Date \_\_\_\_\_  
Educationally relevant medical findings \_\_\_\_\_

**DIAGNOSTIC AND ASSURANCE STATEMENTS**

The student manifests a severe orthopedic impairment that adversely affects educational performance.

This multidisciplinary evaluation team included one of the following persons:

- Orthopedic surgeon
- Internist
- Neurologist
- Pediatrician
- Other approved physician

**ALL OF THE ABOVE STATEMENTS ARE TRUE**     YES     NO

Based on the attached assessment and diagnostic data, the multidisciplinary evaluation team recommends that the above named student be identified as: (a child may not be determined eligible if the determinant factor for that eligibility is (i) lack of instruction in reading and math; or (ii) limited English proficiency).

- Eligible** for special education services as Physical Impairment: R340.1709  
 **Not eligible** for special education services as Physical Impairment

As a member of the multidisciplinary evaluation team, I certify that this report reflects my conclusions.

**Information from each signer must be attached to this form**

SIGNATURE	POSITION	YES	NO
_____	*	_____	_____
_____	*	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\*Required team members include qualified physician and one other person*